



FEE BASIS Version 3.5 USER MANUAL

Replacement Pages
For
Resource Based Relative Value Scale (RBRVS)
Patch FB*3.5*4
&
Vendor FPDS Data Enhancement
Patch FB*3.5*9

September 1999

Department of Veterans Affairs
Technical Services
Financial Product Line

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For
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Patch FB*3.5*4
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Directions for inserting Change Pages:

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Table of Contents

SECTION 1

CIVIL HOSPITAL MAIN MENU

Overview

Following is a brief description of each option contained in the Civil Hospital Main Menu.

NOTIFICATION/REQUEST MENU

ENTER A REQUEST/NOTIFICATION - used to enter a request for Contract Hospital services.

NOTIFICATION/REQUEST EDIT - used to edit a previously entered request/notification that is incomplete.

LEGAL ENTITLEMENT - used to determine the patient's legal entitlement based on his eligibility for VA benefits.

MEDICAL ENTITLEMENT - used by the VA physician reviewing the case to determine medical entitlement for Contract Hospital services.

DISPLAY A REQUEST/NOTIFICATION - used to view the information on a VA Form 10-7078.

DELETE NOTIFICATION/REQUEST - allows you to delete a request/notification as long as there is not a VA Form 10-7078 set up for the request. In order to delete a request, you must be the person who entered the request, or you must hold the FBAASUPERVISOR security key.

EDIT REPORT OF CONTACT - CH - used to edit a previously entered Contract Hospital Report of Contact.

PRINT ENTITLEMENT AUDIT - allows the Fee Basis Supervisor to print out the audit of requests which were previously denied but have been reconsidered. You must hold the FBAASUPERVISOR security key to use this option.

PRINT REPORT OF CONTACT - CH - used to print a selected Report of Contact for Contract Hospital.

RECONSIDER A DENIED REQUEST - allows the supervisor to reconsider a previously denied request. There is an audit on the Legal and Medical Entitlement fields. You must hold the FBAASUPERVISOR security key to use this option.

Overview

REQUESTS PENDING ENTITLEMENT - allows you to generate a list of requests/notifications that are still pending legal or medical entitlement.

UPDATE REPORT OF CONTACT - CH - used to update information on a previously entered Report of Contact for Contract Hospital.

DISPOSITION MENU

COMPLETE 7078 AUTHORIZATION - used to enter the discharge date if it was not entered at the time medical entitlement was determined.

EDIT COMPLETED 7078 - used to edit a previously entered VA Form 10-7078 Authorization.

DISPLAY 7078 AUTHORIZATION - used to view the information on a VA Form 10-7078.

CANCEL 7078 ENTERED IN ERROR - allows you to cancel a VA Form 10-7078 that was entered in error. When used, the estimated dollars will be freed up on the 1358. You must hold the FBAASUPERVISOR security key to use this option.

PRINT LIST OF CANCELLED 7078 - prints those VA Form 10-7078s cancelled by a holder of the FBAASUPERVISOR security key.

SET-UP A 7078 - used to set up a VA Form 10-7078 Contract Hospital authorization which has a status of COMPLETE.

PAYMENT PROCESS MENU

ANCILLARY CONTRACT HOSP/CNH PAYMENT - used to enter payments for ancillary services incurred by a patient while in a Contract Hospital.

COMPLETE A PAYMENT - used to enter the amount paid for a Contract Hospital bill after it has been received from the Austin Pricer.

DELETE INPATIENT INVOICE - allows you to delete an invoice entered in error. The invoice must be in a batch that has not been released for payment.

EDIT ANCILLARY PAYMENT - used to edit certain portions of a previously entered ancillary payment.

Overview

ENTER INVOICE/PAYMENT - used to enter a Contract Hospital payment.

INVOICE EDIT - used to edit the dollar amount, as well as any diagnostic and/or procedure codes, for a previously entered payment.

MULTIPLE ANCILLARY PAYMENTS - used to enter identical ancillary services incurred while in a Non-VA Hospital for a specified patient and vendor. Only the date of service may differ.

PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES - used to reimburse a patient for ancillary services paid for by the patient.

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE - used to enter a patient reimbursement for an inpatient hospital stay. The payment will be sent through the Austin Pricer just like a direct vendor invoice, and the patient is reimbursed the same as the private facility.

BATCH MAIN MENU - CH

OPEN A BATCH - used to create a Contract Hospital batch.

EDIT BATCH DATA - used to edit certain portions of Contract Hospital batches.

CLOSE-OUT BATCH - used to close a Contract Hospital batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which has a batch status of CLOSED.

PRICER BATCH RELEASE - used by a supervisor to review payments and mark them for transmission to the Austin Pricer.

RE-INITIATE PRICER REJECTED ITEMS - used to re-initiate rejects from the Austin Pricer system.

RELEASE A BATCH - used by a supervisor to release a batch for payment. You must hold the FBAASUPERVISOR security key to use this option.

FINALIZE A BATCH - used by a supervisor to reject payment items within a batch when payment items have been rejected by Austin. You must hold the FBAASUPERVISOR security key to use this option.

Overview

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected payment items and to assign them to a new batch.

DELETE REJECT FLAG - used by a supervisor to delete a reject flag previously entered for selected items in a batch. You must hold the FBAASUPERVISOR security key to use this option.

STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.

OPEN ANCILLARY PAYMENT BATCH - used to open a batch used for entering ancillary payments associated with a Contract Hospital admission.

OUTPUT MENU

7078 PRINT - generates the VAF 10-7078.

CHECK DISPLAY - displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to the FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

CIVIL HOSPITAL CENSUS REPORT - generates an output of all CH active inpatients (based on the Authorization FROM and TO dates in Section 5 of VA Form 10-7078) as of a specified census date.

COST REPORT FOR CIVIL HOSPITAL - generates the Cost Report for Civil Hospital sorted by PATIENT TYPE CODE. The outputs include total cases, average amount paid, and average length of stay on total report.

DISPLAY OPEN BATCHES - used to display information for batches with a status of OPEN.

INVOICE DISPLAY - used to view and print a copy of a Contract Hospital invoice.

Overview

LIST BATCHES PENDING RELEASE - used to display batches that have been closed, but not yet certified, by a supervisor for release to Austin.

NON-VA HOSPITAL ACTIVITY REPORT - used to generate a report showing admissions, discharges, patients remaining, and the number of days of care for Contract Hospital.

PENDING PRICER REJECTS - prints pending rejects from the Austin Pricer.

POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be possible to recover. Data is sorted by division, patient, fee program, vendor, and date.

PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment by the Central Fee System in Austin and have not yet been re-initiated.

REQUEST STATISTICS - used to generate a Contract Hospital report showing total number of requests, number denied, and the number still pending for a specified date range.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates a report to display the unauthorized claims payments for Civil Hospital for a specified date range.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

GENERIC PRICER INTERFACE - used to send a case to the Non-VA Hospital System (NVHS) Pricer. The intent of this option is to help eliminate any need for the use of FALCON.

QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Contract Hospital payments and MRAs to Austin. The FBAASUPERVISOR security key is required to access this option.

Notification/Request Menu

Enter a Request/Notification



FBAE ESTABLISH VENDOR - required to enter new vendors.

Introduction

The Enter a Request/Notification option is used to enter a request for contract hospitalization services. This notification is the first step in the process of determining if the veteran is eligible for VA payment of the Contract Hospital charges and/or transfer to a VA facility for treatment.

This option allows you to enter a new patient or to edit existing patient data in the FEE BASIS PATIENT file (#161). Entering/editing of a patient's record is done via a series of formatted data screens. The process of entering/editing a patient's record will not be the same for every patient, nor for every user due to several variables which exist in the system. To allow flexibility, your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. For assistance in entering a new patient or an explanation of the data screens, refer to the Register a Patient option in the PIMS (formerly MAS) User Manual.

The data is checked for inconsistencies by the MAS Consistency Checker. The number of inconsistencies found is displayed, followed by a list of the fields that need data entered or edited. "Inconsistencies followed by two (2) asterisks [**] must be corrected by using the appropriate MAS menu option(s). All items not followed by an asterisk can be edited at this time. If these items are not corrected at this time, a bulletin is sent to the appropriate hospital personnel." (Refer to Appendix C for a sample bulletin.)

This option also allows you to enter a Report of Contact for the admission.

Notification/Request Menu

Enter a Request/Notification

Example

Select PATIENT NAME: BACON,JOSEPH	00-00-14	106104877	SC VETERAN
--	----------	-----------	------------

BACON,JOSEPH	106-10-4877	1914
=====		
Address: 2344 HELP ST. RED CROSS CITY,OK County: POTTAWATOMIE (125) Phone: UNSPECIFIED UNSPECIFIED POS: WORLD WAR II Relig: UNKNOWN/NO PREFERENCE	Temporary: NO TEMPORARY ADDRESS From/To: NOT APPLICABLE Phone: NOT APPLICABLE Office: Claim #: UNSPECIFIED Sex: MALE	
Primary Eligibility: SC LESS THAN 50% (PENDING VERIFICATION) Other Eligibilities: AID & ATTENDANCE, NSC, VA PENSION		
Press RETURN to continue or '^' to exit: <RET>		

BACON,JOSEPH	106-10-4877	1914
=====		
Status : INACTIVE INPATIENT	Discharge Type : REGULAR	
Admitted : OCT 25,1985	Discharged : NOV 1,1985@14:42	
Ward : 8C ORTHO SURG	Room-Bed :	
Provider : LARKIN,RICK	Specialty : CARDIOLOGY	
Attending :		
Admission LOS: 7 Absence days: 0 Pass Days: 0 ASIH days: 0		
Future Appointments: NONE		
Remarks:		
Money Verified: NOT VERIFIED	Service Verified: NOT VERIFIED	
A HINQ Request has already been made for this patient		
Do you wish to make another Request? NO// N (NO)		
Select Admitting Area: ALBANY ADMITTING		

Notification/Request Menu
Enter a Request/Notification

Example, cont.

```
ISSUE REQUEST FOR RECORDS? YES// NO
Do you want to edit Patient Data? YES// N (NO)

Checking data for consistency...

==> 1 inconsistency found in 2 seconds...

==> 1 inconsistency filed in 0 seconds

...BACON,JOSEPH (106-10-4877)                                1914
=====
55 - INCOME DATA MISSING**

Inconsistencies followed by two (2) asterisks [**] must be corrected by
using the appropriate MAS menu option(s).

All items not followed by an asterisk can be edited at this time.  If these
items are not corrected at this time, a bulletin will be sent to the
appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? YES// NO

Last notification message was sent 'AUG 3,1993' [TODAY]

No new message sent since it's been less than 7 days since last message
and no new inconsistencies were found...

Is the patient currently being followed in a clinic for the same condition? N
(NO)

Is the patient to be examined in the medical center today? YES// N (NO)
```

Notification/Request Menu

Enter a Request/Notification

Example, cont.

```
Select FEE NOTIFICATION/REQUEST DATE/TIME: NOW          08/03/93@15:53:11

Select FEE BASIS VENDOR NAME: PRIVATE HOSPITAL      987678978  CONTRACT HOSPITAL
      923 ANY WAY
      ARGON, NEW YORK 17165-9967
      TEL. #: 717-653-9366

Patient Name: BACON,JOSEPH                          Pt.ID: 106-10-4877

*** VENDOR DEMOGRAPHICS ***

      Name: PRIVATE HOSPITAL                      ID Number: 987678978
      Address: 923 ANY WAY                        Specialty:
      City: ARGON                                Type: PRIVATE HOSPITAL
      State: NEW YORK                            Participation Code: CONTRACT HOSPITAL
      ZIP: 17165-9967                            Medicare ID Number: 126789
      County: MONROE                             Chain:
      Phone: 717-653-9366                        Pricer Exempt: Yes
      Fax: 717-653-9300

      Austin Name:                               Last Change
      Last Change 07/27/93                        FROM Austin: 07/29/93
      TO Austin:

Is this the correct vendor? YES// <RET>
```

```
DATE/TIME: AUG 3,1993@15:53:11// <RET>

PERSON WHO CALLED: MARIA BACON
DATE/TIME OF ADMISSION: NOW (AUG 03, 1993@15:53:26)
AUTHORIZED FROM DATE/TIME: AUG 3,1993@15:53:26// <RET> (AUG 03, 1993@15:53:26)

ADMITTING DIAGNOSIS: APPENDICITIS
ATTENDING PHYSICIAN: <RET>

REPORT OF CONTACT INFORMATION
TYPE OF CONTACT: T telephone
PHONE # OF PERSON CONTACTED: 645-3499
STREET ADDRESS[1] OF CONTACT: 83 FORREST RD
STREET ADDRESS[2] OF CONTACT: <RET>
CITY OF CONTACT: CONCORD
STATE OF CONTACT: NY
ZIP CODE OF CONTACT: 12332
VETERAN HAVE OTHER INSURANCE: <RET>
MODE OF TRANSPORTATION: AMBULANCE
APPROVING OFFICIAL: <RET>
NARRATIVE: 1>PATIENT TO BE TRANSFERRED TO VAMC WHEN BED BECOMES AVAILABLE.
```

Notification/Request Menu

Notification/Request Edit

Introduction

The Notification/Request Edit option is used to edit a previously entered notification/request for Contract Hospital.

Only incomplete requests may be edited. An incomplete request is one where legal and medical entitlement have not yet been determined, and a VA Form 10-7078 has not been set up.

Example

```
Select Patient: LONG, HOWARD    05-06-53    456776990    SC VETERAN
      1      8-25-1990@08:00:00    MEMORIAL HOSPITAL    LONG, HOWARD
      2      8-13-1990@14:00:00    MEMORIAL HOSPITAL    LONG, HOWARD
CHOOSE 1-2: 1 8-25-1990@08:00:00
VENDOR: MEMORIAL HOSPITAL// <RET>
PERSON WHO CALLED: DR BROWN// <RET>
DATE/TIME OF ADMISSION: AUG 24,1990@09:00// <RET>
AUTHORIZED FROM DATE/TIME: AUG 24,1990@09:00// <RET>
ADMITTING DIAGNOSIS: CHEST PAIN// <RET>
ATTENDING PHYSICIAN: DR BROWN// <RET>
TYPE OF CONTACT: telephone// <RET>
PHONE # OF PERSON CONTACTED: 555-9867// 555-9847
STREET ADDRESS[1] OF CONTACT: 4 WAYNE ST// <RET>
STREET ADDRESS[2] OF CONTACT: <RET>
CITY OF CONTACT: TROY// <RET>
STATE OF CONTACT: NEW YORK// <RET>
ZIP CODE OF CONTACT: 12182// 12180
ATTENDING PHYSICIAN: DR BROWN// <RET>
ATTEND. PHYSICIAN TELEPHONE NO.: 555-9847// <RET>
VETERAN HAVE OTHER INSURANCE: yes// <RET>
INSURANCE TYPE: AETNA// <RET>
MODE OF TRANSPORTATION: pov// <RET>
APPROVING OFFICIAL: BLACK, JOHN// <RET>
Select DATE/TIME OF CONTACT: AUG 25,1990@08:00// <RET>
      DATE/TIME OF CONTACT: AUG 25,1990@08:00// <RET>
      NARRATIVE:
      1> VETERAN ADMITTED THRU EMERGENCY ROOM.
EDIT Option: <RET>
```

Notification/Request Menu

Legal Entitlement



If a VA Form 10-7078 is set up through this option, a Non-VA PTF record is created, and the estimated amount of the 7078 is automatically posted to the 1358.

Introduction

The Legal Entitlement option is used to enter determination of legal entitlement for patients requesting transfer and admission to a VA facility from a Contract Hospital.

Legal entitlement is determined by you based on the patient's eligibility for VA benefits. The usual source for this data is the HINQ (Hospital Inquiry) system. Legal entitlement may not be entered unless the patient's eligibility for care has a status of VERIFIED. This may be accomplished by users holding the DG ELIGIBILITY security key through the Enter a Request/Notification option of this menu. It may also be accomplished through the Eligibility Verification, Load/Edit Patient Data, and Register a Patient options on the Registration Menu of the ADT system.

This option also permits entry of medical entitlement and VA Form 10-7078 setup for those patients for whom LEGAL ENTITLEMENT and MEDICAL ENTITLEMENT have been answered "YES".

In order to complete the set up of a VA Form 10-7078, you must be an authorized control point user in IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement).

Example

Select Patient: KIRKER, DENNIS	1/1/55	101918171	NSC VETERAN
12-13-1994@07:34:36	DRAPER PHARMACY AND SURGICAL SUPPLY		KIRKER, DENNIS
LEGAL ENTITLEMENT: y (YES)			
Do you want to determine Medical Entitlement now? YES// <RET>			
MEDICAL ENTITLEMENT: y (YES)			
Do you want to setup a 7078 now? NO// y YES			
AUTHORIZATION TO DATE: t (DEC 14, 1994)			

Notification/Request Menu

Legal Entitlement

Example, cont.

DATE OF DISCHARGE: 12/14/94// <RET> (DEC 14, 1994)
ADMITTING AUTHORITY: 4 OBSERVATION & EXAMINATION 17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00 SURGICAL
Select Obligation Number: C93999 500-C93999 -- 1358 Obligated - 1358
FCP: 333 \$ 9999999
AUTHORIZED SERVICES:
1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
3>CLINIC DIRECTOR -
4>
5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>

REFERENCE NUMBER: C93999.0011 VENDOR: DRAPER PHARMACY AND 497549564
VETERAN: KIRKER,DENNIS AUTHORIZATION FROM DATE: DEC 13, 1994
AUTHORIZATION TO DATE: DEC 14, 1994 AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500 USER ENTERING: GRAY,MARY ELLEN
STATUS: INCOMPLETE DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Is this Correct? NO// YES
....Posting to 1358

...EXCUSE ME, JUST A MOMENT PLEASE...
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
Non-VA PTF Record Created.

DISCHARGE TYPE: 4 DISCHARGE
PURPOSE OF VISIT CODE: 30 AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND. 30
PRIMARY SERVICE AREA: ALBANY VAMC NEW YORK
ACCIDENT RELATED (Y/N): N (NO)
POTENTIAL COST RECOVERY CASE: N// N (NO)

Notification/Request Menu
Legal Entitlement

Example, cont.

REFERENCE NUMBER: C93999.0011	VENDOR: DRAPER PHARMACY AND 497549564
VETERAN: KIRKER,DENNIS	AUTHORIZATION FROM DATE: DEC 13, 1994
AUTHORIZATION TO DATE: DEC 14, 1994	AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500	USER ENTERING: GRAY,MARY ELLEN
STATUS: COMPLETE	DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994	
AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -	
MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE	

Notification/Request Menu

Medical Entitlement



If a VA Form 10-7078 is set up through this option, a Non-VA PTF record is created, and the estimated amount of the 7078 is automatically posted to the 1358.

Introduction

The Medical Entitlement option is used to enter determination of medical entitlement of patients requesting transfer and admission to a VA facility from a Contract Hospital. Legal entitlement must be determined prior to using this option. Medical entitlement is determined by the VA physician reviewing the case.

This option may also be used to set up a VA Form 10-7078. In order to complete a setup of a VA Form 10-7078, you must be defined as a control point user in the IFCAP package.

Example

```
Select Patient: BACON,JOSEPH          00-00-14      106104877      SC VETERAN
1      8-12-1993@18:18:03      MAJOR RURAL MEDICAL CENTER      BACON,JOSEPH

MEDICAL ENTITLEMENT: YES// <RET>
Do you want to setup a 7078 now? NO// y YES

AUTHORIZATION TO DATE: 12/15 (DEC 15, 1993)

DATE OF DISCHARGE: 12/15/93// <RET> (DEC 15, 1993)
ADMITTING AUTHORITY: 4 OBSERVATION & EXAMINATION      17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00 SURGICAL
Select Obligation Number: C93999 500-C93999      -- 1358 Obligated - 1358
FCP: 333 $ 9999999
AUTHORIZED SERVICES:
1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
3>CLINIC DIRECTOR -
4>
5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>
```

Notification/Request Menu

Medical Entitlement

Example, cont.

```

REFERENCE NUMBER: C93999.0012          VENDOR: MAJOR RURAL MEDICAL  49574568758
VETERAN: BACON,JOSEPH                  AUTHORIZATION FROM DATE: AUG 11, 1993
AUTHORIZATION TO DATE: DEC 15, 1993    AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500                 USER ENTERING: GRAY,MARY ELLEN
STATUS: INCOMPLETE                     DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL            DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Is this Correct? NO// y  YES
....Posting to 1358

...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...
...EXCUSE ME, THIS MAY TAKE A FEW MOMENTS...
Non-VA PTF Record Created.

```

```

DISCHARGE TYPE: 4  DISCHARGE
PURPOSE OF VISIT CODE: 30  AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.      30
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER      NEW YORK      500
ACCIDENT RELATED (Y/N): N  (NO)
POTENTIAL COST RECOVERY CASE: N// N  (NO)

REFERENCE NUMBER: C93999.0012          VENDOR: MAJOR RURAL MEDICAL
49574568758
VETERAN: BACON,JOSEPH                  AUTHORIZATION FROM DATE: AUG 11, 1993
AUTHORIZATION TO DATE: DEC 15, 1993    AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500                 USER ENTERING: GRAY,MARY ELLEN
STATUS: COMPLETE                     DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL            DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

```

Notification/Request Menu

Display a Request/Notification

Introduction

This option allows you to display a request/ notification for a patient from a Contract Hospital.

Example

```
Select Patient:  KIRKER,DENNIS          02-22-22      019401234      SC VETERAN
  1  8-16-1994@15:42:54  BASIC GENERAL HOSPITAL      KIRKER,DENNIS
  2  12-13-1994@07:34:36  DRAPER PHARMACY AND SURGICAL SUPPLY  KIRKER,DENNIS
CHOOSE 1-2:  1   8-16-1994@15:42:54

DATE/TIME: AUG 16, 1994@15:42:54      VENDOR: TROY GENERAL HOSPITAL
PERSON WHO CALLED: DAN ADAMS          VETERAN: KIRKER,DENNIS
AUTHORIZED FROM DATE/TIME: AUG 14, 1994@15:43:31
ADMITTING DIAGNOSIS: CHEST PAIN      ATTENDING PHYSICIAN: BROWN,JOHN,MD
USER ENTERING NOTIFICATION: SMITH,MARY
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: AUG 16, 1994
USER ENTERING LEGAL DETERM.: SMITH,MARY
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: AUG 16, 1994
USER ENTERING MEDICAL DETERM.: SMITH,MARY
REQUEST STATUS: COMPLETE              ASSOCIATED 7078: C93999.0010
DATE/TIME OF ADMISSION: AUG 14, 1994@15:43:31

Select Patient:
```

Notification/Request Menu

Delete Notification/Request



FBAASUPERVISOR - required to delete notification/request entered by other users.

Introduction

The Delete Notification/Request option is used to delete a request/notification for Contract Hospital. This option allows you to delete a Request/Notification as long as there is not a VA Form 10-7078 set up for the request. In order to delete the request, you must either be the user who entered the request or the holder of the required security key.

Example

```
Select Patient: BACON,JOSEPH          00-00-14      106104877      SC VETERAN
1      8-12-1993@18:22:21      MAJOR RURAL MEDICAL CENTER
BACON,JOSEPH
2      10-27-1993@08:00:00      AGAIN      BACON,JOSEPH
3      10-28-1993@08:00:00      AGAIN      BACON,JOSEPH
CHOOSE 1-3: 1  8-12-1993@18:22:21

DATE/TIME: AUG 12, 1993@18:22:21      VENDOR: MAJOR RURAL MEDICAL CENTER
PERSON WHO CALLED: ADMITTING CLERK      VETERAN: BACON,JOSEPH
AUTHORIZED FROM DATE/TIME: AUG 12, 1993@14:00
USER ENTERING NOTIFICATION: STELLA,KAREN H
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: OCT  5, 1993
USER ENTERING LEGAL DETERM.: STELLA,KAREN H
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: OCT  5, 1993
USER ENTERING MEDICAL DETERM.: STELLA,KAREN H
REQUEST STATUS: COMPLETE
DATE/TIME OF ADMISSION: AUG12, 1993@14:00

Are you sure you want to delete this Request? NO// y  YES
...request deleted
```

Notification/Request Menu

Edit Report of Contact - CH

Introduction

The Edit Report of Contact - CH option is used to edit a previously entered Contract Hospital Report of Contact. These are Reports of Contact entered during the initial notification/request process.

Example

```
Select Veteran:  COREY,DONALD   11-04-19   467213886   SC VETERAN
                  6-29-1990@08:00:00   MEMORIAL HOSPITAL   COREY,DONALD
TYPE OF CONTACT: telephone//  <RET>
PHONE # OF PERSON CONTACTED: 555-9800//  <RET>
STREET ADDRESS[1] OF CONTACT: 345 WEST ST//  <RET>
STREET ADDRESS[2] OF CONTACT:  <RET>
CITY OF CONTACT: BATAVIA//  <RET>
STATE OF CONTACT: NEW YORK//  <RET>
ZIP CODE OF CONTACT: 12222//  12225
ATTENDING PHYSICIAN: DR BROWN//  <RET>
ATTEND. PHYSICIAN TELEPHONE NO.: 555-1254//  <RET>
VETERAN HAVE OTHER INSURANCE: yes//  <RET>
INSURANCE TYPE: BLUE CROSS//  AETNA
MODE OF TRANSPORTATION: AMBULANCE//  <RET>
APPROVING OFFICIAL: BLACK,JOHN//  <RET>
Select DATE/TIME OF CONTACT: JUN 29,1990@08:00//  <RET>
      DATE/TIME OF CONTACT: JUN 29,1990@08:00//  <RET>
      NARRATIVE:
      1> VET ADMITTED THRU EMERGENCY ROOM.
EDIT OPTION:  <RET>
```

Notification/Request Menu

Print Entitlement Audit



FBAASUPERVISOR - required to access this option.

Introduction

The Print Entitlement Audit option allows the Fee Basis Supervisor to print the audit of requests previously denied that have been reconsidered.

Example

**** Date Range Selection ****

Beginning DATE : 060193 (JUN 01, 1993)

Ending DATE : T (AUG 03, 1993)

DEVICE: CIVIL HOSPITAL PRINTER

RIGHT MARGIN 80// <RET>

AUDIT on FEE NOTIFICATION ENTITLEMENT CHANGE
06/01/93 TO 08/03/93

=====

PATIENT NAME	DATE/TIME of NOTIFICATION
FIELD CHANGED	SUPERVISOR
=====	
ABARE,LEONARD -2386	08/09/93@13:09:22
Field changed: LEGAL ENTITLEMENT	By: MORGAN,MATTHEW
Date of Change: 06/10/93@12:55:29	
BARE,GARY -3094	08/05/93@14:07:58
Field changed: LEGAL ENTITLEMENT	By: MORGAN,MATTHEW
Date of Change: 06/06/93@10:05:02	
PRITCHARD,ALAN -4725	04/03/93@14:07:58
Field changed: LEGAL ENTITLEMENT	By: MORGAN,MATTHEW
Date of Change: 06/12/93@09:53:12	
SANTOS,CARLOS -3123	07/19/93@15:37:18
Field changed: LEGAL ENTITLEMENT	By: MORGAN,MATTHEW
Date of Change: 08/02/93@14:25:25	

Notification/Request Menu

Print Report of Contact - CH



Output may now be printed to the screen.

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```
Select FEE BASIS PATIENT NAME: ANDERSON, EUGENE G
Select REPORT OF CONTACT DATE OF CONTACT: T  DEC 11, 1994
DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>
```

>> REPORT OF CONTACT <<		VA Office VAMC ALBANY NY	SSN # 011249523
Name of Veteran ANDERSON, EUGENE G	Telephone No. of Vet. 518-555-0987	Date of Contact 12/11/94	
Address of Veteran 391 MAPLE DR TROY, NY 32937		Type of Contact Telephone	
Person Contacted WELBY, MARCUS, MD		Telephone Number of Person Contacted 518-555-1234	
Brief statement of information requested and given DR. WELBY CALLED TO REQUEST AUTHORIZATION TO PROVIDE OUTPATIENT SURGICAL SERVICES TO MR. ANDERSON. CASE WILL BE REVIEWED BY DR. JONES.			
Division or Section FEE BASIS		Executed by(signature and title) MARY ELLEN GRAY	

VA form 119

Notification/Request Menu

Reconsider a Denied Request



FBAASUPERVISOR - required to access this option.

Introduction

This option allows you to reconsider a previously denied request. You may approve legal entitlement and/or medical entitlement. If the medical entitlement is approved, VA Form 10-7078 may also be setup through this option.

Example

Select Patient: MARGOLIN, MERVYN	02-03-35	213895467	MILITARY
RETIREE 8-11-1994@14:30:00	PINE VALLEY COMMUNITY HOSPITAL		
MARGOLIN, MERVYN			
DATE/TIME: NOV 3, 1994@08:00		VENDOR: PINE VALLEY COMMUNITY HOSPITAL	
PERSON WHO CALLED: Wiseman, Betty		VETERAN: MARGOLIN, MERVYN	
AUTHORIZED FROM DATE/TIME: NOV 1, 1994@08:00			
ADMITTING DIAGNOSIS: CHEST PAIN		ATTENDING PHYSICIAN: DR. FRANKS	
USER ENTERING NOTIFICATION: BUTLER, ROSCOE G			
LEGAL ENTITLEMENT: NO			
DATE OF LEGAL DETERMINATION: DEC 14, 1994			
USER ENTERING LEGAL DETERM.: GRAY, MARY ELLEN			
MEDICAL ENTITLEMENT: NO			
DATE OF MEDICAL DETERMINATION: DEC 14, 1994			
REQUEST STATUS: COMPLETE		SUSPENSE CODE: 3	
ATTEN. PHYSICIAN PHONE NUMBER: (202) 535-7385			
DATE/TIME OF ADMISSION: NOV 1, 1994@08:00			
Is this the correct request? Yes// y YES			
LEGAL ENTITLEMENT: y (YES)			
Do you want to determine Medical Entitlement now? YES// n NO			

Notification/Request Menu

Requests Pending Entitlement

Introduction

The Requests Pending Entitlement option allows you to generate a list of requests/notifications that are still pending legal or medical entitlement.

Example

DEVICE:	CIVIL HOSPITAL PRINTER	RIGHT MARGIN:	80//	<RET>
FEE NOTIFICATION/REQUEST PENDING ENTITLEMENT	AUG	4,1993	09:13	PAGE 1
DATE of REQUEST	PATIENT NAME	Pt.ID		
	DATE/TIME OF			
	ADMISSION			

REQUEST STATUS: PENDING ENTITLEMENT				
AUG 3,1993 10:55	BACON,JOSEPH	106104877		
Authorized From Date:	AUG 2,1993 15:30			
Admission Date:	AUG 2,1993 15:30			
AUG 2,1993 19:00	BACON,JOSEPH	106104877		
Authorized From Date:	JUL 27,1993 20:55			
Admission Date:	JUL 27,1993 20:55			

Notification/Request Menu

Update Report of Contact - CH

Introduction

The Update Report of Contact - CH option is used to update information on a previously entered Report of Contact for Contract Hospital, or to enter additional report(s) of contact to existing notifications/requests.

The date/time of the notification and the narrative text of the Report of Contact may be updated through this option.

Example

```
Select Veteran: COREY,DONALD      11-04-19   467213886   SC VETERAN
6-29-1990@08:00:00      MEMORIAL HOSPITAL      COREY,DONALD
Select DATE/TIME OF CONTACT: JUN 29,1990@08:00//   <RET>
DATE/TIME OF CONTACT: JUN 29,1990@08:00//   <RET>
NARRATIVE:
1>VET ADMITTED THRU EMERGENCY ROOM
EDIT Option:   <RET>
```

Disposition Menu

Complete 7078/Authorization

Introduction

The Complete 7078/Authorization option is used to complete a VA Form 10-7078 Authorization when the AUTHORIZATION TO DATE was not entered at the time the 7078/Authorization was set up.

New authorizations cannot be entered through this option. All new entries must be made through the Enter a Request/Notification option of the Notification/Request Menu.

Example

```
Select Veteran: BACON,JOSEPH      00-00-14      106104877      SC VETERAN
C90234.0029      PRIVATE HOSPITAL      BACON,JOSEPH      INCOMPLETE
AUTHORIZATION TO DATE: 082293 (AUG 22, 1993)
DATE OF DISCHARGE: 082293 (AUG 22, 1993)
BEDSECTION/TREATING: 10 MEDICAL
DISCHARGE TYPE: 4 DISCHARGE
PURPOSE OF VISIT CODE: 30 AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
30
PRIMARY SERVICE AREA: FORT WAYNE, IN      569
ACCIDENT RELATED (Y/N): yes
POTENTIAL COST RECOVERY CASE: N// yes
```

```
REFERENCE NUMBER: C90234.0029      VENDOR: PRIVATE HOSPITAL 987678978
VETERAN: BACON,JOSEPH      AUTHORIZATION FROM DATE: JUL 27, 1993
AUTHORIZATION TO DATE: AUG 22, 1993      AUTHORITY: PRESUMPTION OF SC
ESTIMATED AMOUNT: 25      USER ENTERING: STELLA,KAREN H
STATUS: COMPLETE      DATE OF ISSUE: AUG 4, 1993
FEE PROGRAM: CIVIL HOSPITAL      DATE OF ADMISSION: JUL 27, 1993
DATE OF DISCHARGE: AUG 22, 1993

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
```

Disposition Menu

Edit Completed 7078

Introduction

The Edit Completed 7078 option is used to edit a completed VA Form 10-7078 Authorization for Civil Hospital.

Example

```
Select Patient: BACON,JOSEPH      C93999.0013      ST MARY'S HOSP      COMPLETE
AUTHORIZED FROM DATE/TIME: OCT 1,1993@08:00// <RET>
AUTHORIZATION TO DATE: DEC 14,1994// <RET>
DATE OF DISCHARGE: DEC 14,1994// <RET>
ADMITTING AUTHORITY: OBSERVATION & EXAMINATION// <RET>

DISCHARGE TYPE: DISCHARGE// <RET>
BEDSECTION/TREATING SPECIALTY: MEDICAL// <RET>
PURPOSE OF VISIT CODE: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
// <RET>
AUTHORIZATION REMARKS:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>
ACCIDENT RELATED (Y/N): YES// n  (NO)
POTENTIAL COST RECOVERY CASE: YES// n  (NO)
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER// <RET>

Select Patient:
```

Disposition Menu

Display 7078/Authorization

Introduction

The Display 7078/Authorization option is used to view a selected VA Form 10-7078 Authorization for Civil Hospital.

Example

```
Select Patient: bacon

      Searching for a FEE VENDOR
,JOSEPH      00-00-14      106104877      SC VETERAN
  1      C90234.0025      PUBLIC HOSPITAL      BACON,JOSEPH      CANCELLED
  2      C90234.0027      PRIVATE HOSPITAL      BACON,JOSEPH      COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-2: 1 C90234.0025

REFERENCE NUMBER: C90234.0025      VENDOR: PUBLIC HOSPITAL 987654345
VETERAN: BACON,JOSEPH      AUTHORIZATION FROM DATE: JUL 21, 1993
AUTHORIZATION TO DATE: AUG 10, 1993      AUTHORITY: PRESUMPTION OF SC
ESTIMATED AMOUNT: 1400      USER ENTERING: STELLA,KAREN H
STATUS: CANCELLED      DATE OF ISSUE: AUG 4, 1993
FEE PROGRAM: CIVIL HOSPITAL      USER WHO CANCELLED: GRAY,MARY ELLEN
DATE CANCELLED: DEC 14, 1994      DATE OF ADMISSION: JUL 21, 1993
DATE OF DISCHARGE: AUG 10, 1993

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Select Patient:
```

Disposition Menu

Cancel 7078 Entered in Error



The 1358 is updated.



FBAASUPERVISOR - required to access this option.

Introduction

The Cancel 7078 Entered in Error option should be used when an authorization has been set up, and it has been determined that it was entered in error. Once a VA Form 10-7078 is cancelled, you may enter the correct authorization by using the Set-up a 7078 option.


Example

Select Patient:	BACON,JOSEPH	00-00-14	106104877	SC VETERAN
1	C90234.0025	PUBLIC HOSPITAL	BACON,JOSEPH	COMPLETE
2	C90234.0026	PRIVATE HOSPITAL	BACON,JOSEPH	COMPLETE
CHOOSE 1-2: 2 C90234.0026				

REFERENCE NUMBER: C90234.0026	VENDOR: PRIVATE HOSPITAL 987678978
VETERAN: BACON,JOSEPH	AUTHORIZATION FROM DATE: AUG 1, 1993
AUTHORIZATION TO DATE: AUG 15, 1993	AUTHORITY: PRESUMPTION OF SC
ESTIMATED AMOUNT: 1500	USER ENTERING: STELLA,KAREN H
STATUS: COMPLETE	DATE OF ISSUE: AUG 4, 1993
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: AUG 1, 1993
DATE OF DISCHARGE: AUG 15, 1993	
<p>AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -</p> <p>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE</p>	
<p>Are you sure you want to cancel? No// YES</p> <p>...Authorization cancelled. Now updating 1358....</p> <p>Finished</p>	

Disposition Menu

Print List of Cancelled 7078

 FBAASUPERVISOR - required to access this option.

Introduction

The Print List of Cancelled 7078 option is used to print out those VA Form 10-7078s which have been cancelled.

Example

DEVICE: CIVIL HOSPITAL PRINTER		RIGHT MARGIN: 80// <RET>	
CANCELLED 7078s		AUG 4,1993 10:28	PAGE 1
7078	PATIENT NAME		VENDOR
FROM DATE	CLERK ENTERING 7078	DATE CANCELLED	

C33003.0002	ABBOTT,JOHN A.	GOOD TIME NURSING HO	987561234
JUN 9,1993	ALLEN,MARCUS	JUN 9,1993	
C89700.0004	SMITH,FRED X	ST LUCIA'S HOSP	897653478
JUL 28,1993	STELLA,KAREN H	JUL 28,1993	
C90234.0014	MOSS,JULIE S.	SUNNY ACRES	225447788
JUL 28,1993	STELLA,KAREN H	JUL 28,1993	
C90234.0015	MOSS,JULIE S.	SUNNY ACRES	225447788
JUL 28,1993	SMITH,SALLY R	JUL 28,1993	
C90234.0016	MOSS,JULIE S.	SUNNY ACRES	225447788
JUL 28,1993	STELLA,KAREN H	JUL 28,1993	
C90234.0017	MOSS,JULIE S.	SUNNY ACRES	225447788
JUL 28,1993	STELLA,KAREN H	JUL 28,1993	

Disposition Menu

Set up a 7078



The estimated amount of the VA Form 10-7078 is posted to the 1358.

Use of this option creates a Non-VA PTF record.

Introduction

The Set up a 7078 option is used to set up a VA Form 10-7078 Authorization for Civil Hospital. You can only set up a VA Form 10-7078 for requests with a status of COMPLETE.

A Contract Hospital VA Form 10-7078 Authorization cannot be set up through this option until both the legal and medical entitlement have been determined. An incomplete VA Form 10-7078 cannot be edited through this option. This must be done through the Complete 7078/Authorization option.

Example

```
Select Patient: SHAKE,MARY          06-12-55      606778899      SC VETERAN

      1      5-14-1993@17:03:55      GOOD TIME NURSING HOME      SHAKE,MARY
      2      5-17-1993@10:00:00      GOOD TIME NURSING HOME      SHAKE,MARY
      3      8-5-1993@08:00:00      PRIVATE HOSPITAL      SHAKE,MARY
CHOOSE 1-3: 3      8-5-1993@08:00:00

AUTHORIZATION TO DATE: t      (DEC 14, 1994)

DATE OF DISCHARGE: 12/14/94// <RET>      (DEC 14, 1994)
ADMITTING AUTHORITY: OBSERVATION & EXAMINATION      17.45
ESTIMATED AMOUNT: 900
BEDSECTION/TREATING SPECIALTY: 10 MEDICAL
Select Obligation Number: 500-C93999      --      1358      Obligated - 1358
                        FCP: 333      $ 9999999
AUTHORIZED SERVICES:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>
```

Disposition Menu

Set up a 7078

Example, cont.

```
REFERENCE NUMBER: C93999.0014      VENDOR: PRIVATE HOSPITAL 987678978
  VETERAN: SHAKE,MARY              AUTHORIZATION FROM DATE: AUG  5, 1993
  AUTHORIZATION TO DATE: DEC 14, 1994 AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 900            USER ENTERING: GRAY,MARY ELLEN
  STATUS: INCOMPLETE              DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL      DATE OF ADMISSION: AUG  5, 1993
  DATE OF DISCHARGE: DEC 14, 1994

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Is this Correct? NO// y  YES
....Posting to 1358

...HMMM, JUST A MOMENT PLEASE...
...HMMM, HOLD ON...
      Non-VA PTF Record Created.
```

```
DISCHARGE TYPE: 1  TRANSFER TO VA
PURPOSE OF VISIT CODE: 30  AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.      30
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER      NEW YORK      500
ACCIDENT RELATED (Y/N): n  (NO)
POTENTIAL COST RECOVERY CASE: N// <RET>  (NO)

REFERENCE NUMBER: C93999.0014      VENDOR: PRIVATE HOSPITAL 987678978
  VETERAN: SHAKE,MARY              AUTHORIZATION FROM DATE: AUG  5, 1993
  AUTHORIZATION TO DATE: DEC 14, 1994 AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 900            USER ENTERING: GRAY,MARY ELLEN
  STATUS: COMPLETE                DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL      DATE OF ADMISSION: AUG  5, 1993
  DATE OF DISCHARGE: DEC 14, 1994

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
```

Payment Process Menu

Ancillary Contract Hosp/CNH Payment



Version 3.5 Changes:

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.


ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Is this line item for a contracted service? – This existing prompt has been moved up so it will be asked before the fee schedule calculation takes place. The fee schedule

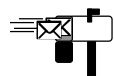
does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

 **FBAA ESTABLISH VENDOR** - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter payments for ancillary services (services other than those included in the DRG) rendered while a patient is in a Contract Hospital for an authorized admission. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Payment Process Menu

Ancillary Contract Hosp/CNH Payment

Introduction, cont.

Only authorized Contract Hospital ancillary payments can be entered through this option. All other Fee Basis payments are entered through other payment options. Payment may be made for two or more of the same type of services to the same patient on the same date.

You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

```
Select FEE BASIS BATCH NUMBER: 160
Obligation #: C95000

Select Patient: ACKERLEY, DENNIS          08-14-55      078460348      YES
SC VETERAN
Enrollment Priority: GROUP 3      Category: IN PROCESS      End Date:

ACKERLEY, DENNIS                      Pt. ID: 078-46-0348
12 ANY ST.                            DOB: AUG 14, 1955
MANCHESTER                           TEL: Not on File
NEW HAMPSHIRE 12111                  CLAIM #: 078460348
                                      COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  JUN 23, 1999
Other Elig. Code(s): SHARING AGREEMENT
```

Section 1 - Civil Hospital Main Menu

Payment Process Menu Ancillary Contract Hosp/CNH Payment

Example, cont.

SC Percent: 20%						
Rated Disabilities: DIABETES MELLITUS (20%-SC)						
Health Insurance: YES						
Insurance	COB	Subscriber ID	Group	Holder	Effective	Expires
=====						
BLUE CROSS		123456	Ind. Plan	SELF		
Want to add NEW insurance data? No// <RET>						
Are there any discrepancies with insurance data on file? No// <RET>						

Patient Name: ACKERLEY,DENNIS	Pt.ID: 078-46-0348
-------------------------------	--------------------

AUTHORIZATIONS:

(1) FR: 06/20/99	VENDOR: MAJOR RURAL MEDICAL CENTER - 49574568758
TO: 06/24/99	

Authorization Type: CIVIL HOSPITAL

Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) FOR VET. REC. INPT. CARE IN VAMC

DX: APPENDICITIS

County: GRAFTON

PSA: MANCHESTER, NH

REMARKS:

NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Enter RETURN to continue or '^' to exit:

Patient Name: ACKERLEY,DENNIS	Pt.ID: 078-46-0348
-------------------------------	--------------------

VENDOR CONTACTS:

(1) DATE: 09/15/93	VENDOR: PRIVATE HOSPITAL	PHONE: 334-5656
--------------------	--------------------------	-----------------

NARRATIVE:

CONTACTED BY MAXINE IN BILLING TO CONFIRM VETERAN'S ELIGIBILITY AND AUTHORIZATION.

Is this the correct Authorization period (Y/N)? Yes// <RET>

Payment Process Menu

Ancillary Contract Hosp/CNH Payment

Example, cont.

AUTHORIZATION REMARKS:

1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
3>CLINIC DIRECTOR -
4>
5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

EDIT Option: <RET>

DX LINE 1: APPENDICITIS// <RET>

DX LINE 2: <RET>

DX LINE 3: <RET>

Select FEE BASIS VENDOR NAME: MEDICAL GALLERY 876548465 ALL OTHER
PART
I
715 ERIE BLVD
FIRST FLOOR
SCHENECTADY, NY 12325 TEL. #: 518-377-2354

```

Patient Name: ACKERLEY,DENNIS                Pt.ID: 078-46-0348

***  VENDOR DEMOGRAPHICS  ***

      Name: MEDICAL GALLERY                      ID Number: 876548465
      Address: 715 ERIE BLVD                      Specialty:
      Address [2]: FIRST FLOOR
      City: SCHENECTADY                                Type: OTHER
      State: NEW YORK                                Participation Code: ALL OTHER
PARTICIPANT
      ZIP: 12325                                Medicare ID Number:
      County:                                    Chain:
      Phone: 518-377-2354
      Fax:
      Type (FPDS):
      Austin Name:
      Last Change                                Last Change
      TO Austin: 9/27/93                        FROM Austin:
Want to Edit data? NO// <RET>

Vendor has no prior payments for this patient

Want a new Invoice number assigned? YES// <RET>

```

Section 1 - Civil Hospital Main Menu

Payment Process Menu Ancillary Contract Hosp/CNH Payment

Example, cont.

```
Invoice # 238 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 6/21/99  (JUN 21, 1999)

Enter Vendor Invoice Date: 6/21/99  (JUN 21, 1999)

Will any line items in this invoice be for contracted services? No// YES

Date of Service: 6/20/99  JUN 20, 1999

SITE OF SERVICE ZIP CODE: 12325// <RET>

Select Service Provided: 44950          APPENDECTOMY

Current list of modifiers: none
Select CPT MODIFIER: <RET>

Major Category: SURGERY
  Sub-Category: DIGESTIVE SYSTEM
    Procedure: 44950  APPENDECTOMY

                Detail Description
                =====
APPENDECTOMY;
Is this correct? YES// <RET>
Is this line item for a contracted service? No// <RET>
Select PLACE OF SERVICE: 21          INPATIENT HOSPITAL
AMOUNT CLAIMED: 600.00
AMOUNT PAID: 508.33// <RET>
AMOUNT SUSPENDED: 91.67// <RET>
SUSPEND CODE: 1          Charge exceeds maximum payable
HCFA TYPE OF SERVICE: SURGERY 2          SURGERY
SERVICE CONNECTED CONDITION?: NO  (NO)

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 238 Totals $ 508.33
```


Payment Process Menu

Complete a Payment



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



The FBAASUPERVISOR security key is required to access batches other than those **you** originally opened.

Introduction

The Complete a Payment option is used to enter the amount paid for a Contract Hospital payment received from the Austin Pricer. The batch status of invoices entered at this option must be FORWARDED TO PRICER. This option also gives you the opportunity to reject items from the Austin Pricer.

Payment Process Menu

Complete a Payment

Example

```

Select FEE BASIS BATCH NUMBER:  901          C77777

Would you like to reject any invoices from the pricer? No//  <RET>

Select Patient: ROY,GERALD      01-01-50    017357889    SC VETERAN
                1006    ROY,GERALD
Veteran's Name   ('*'Reimbursement to Veteran   '+' Cancellation Activity)
                ('#' Voided Payment)

Vendor Name      Vendor ID  Invoice #
Fr Date      To Date      Claimed   Paid      Sus Code      Invoice Date
=====
ROY,GERALD    017-35-7889
MEMORIAL HOSPITAL      101280604      1006
03/01/90  03/03/90      1400.00   0.00      05/01/90
Dx: 017.30  Dx: 011.21
Associated 7078: C77777.0010
Batch #: 901          Date Finalized:

NVH PRICER AMOUNT: 1200
AMOUNT PAID: 1200
AMOUNT SUSPENDED: 200//  <RET>
SUSPEND CODE: 4  Other
DESCRIPTION OF SUSPENSION:
  1>  TYPO ERROR ON BILL
  2>  <RET>
EDIT Option:  <RET>
DISCHARGE DRG: 46  DRG46
Select FEE BASIS BATCH NUMBER:

```

Payment Process Menu

Delete Inpatient Invoice



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Delete Inpatient Invoice option is used to delete invoices entered in error. The selected invoice must be in a batch that has not been released for payment.

Example

```

Select FEE BASIS BATCH NUMBER: 36          C33003

Select Invoice to delete: 20

                                INVOICE DISPLAY
                                =====

Patient: ABBOTT,JOHN A.                Patient ID: 411-01-0101P
                                FEE PROGRAM: CONTRACT NURSING HOME
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Inv Date          Amount      Amount  Susp  Invoice  From      To
                  Claimed      Paid    Code   Num      Date      Date
=====
Vendor: GOOD TIME NURSING HOME          Vendor ID: 987561234
06/09/93          94.00      94.00      20    06/09/93  06/30/93
Associated 7078: C33003.0003
Batch #: 36                          Date Finalized:

Sure you want to delete this invoice? No// Y YES
.... deleting!

```

Payment Process Menu

Edit Ancillary Payment



Version 3.5 Changes:

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

PROMPT PAY TYPE: - allows input of money management indicator, if service provided was contracted for. This field is optional.



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.


SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Is this line item for a contracted service? – This prompt replaces the PROMPT PAY TYPE prompt for this option. It has been moved up so it will be asked before the fee schedule calculation takes place. The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the new fee schedule calculation when the new fee schedule amount is different than the original fee schedule amount for an existing payment

 Only holders of the FBAASUPERVISOR security key may edit payments from batches that have been released by a supervisor.

Introduction

The Edit Ancillary Payment option is used to edit data for a previously entered invoice for ancillary services rendered to a Contract Hospital patient.

Payments from batches which have been transmitted cannot be edited.

Example

```
Select FEE BASIS PAYMENT PATIENT: ACKERLEY,DENNIS          08-14-55
078460348          YES          SC VETERAN
Enrollment Priority: GROUP 3      Category: IN PROCESS      End Date:

Select VENDOR: MEDICAL GALLERY          876548465  ALL OTHER PARTI
              715 ERIE BLVD
              FIRST FLOOR
              SCHENECTADY, NY 12325      TEL. #: 518-377-2354

Date of Service: 6/20/99      JUN 20, 1999
Select SERVICE PROVIDED: 44950          APPENDECTOMY
Service Provided: 44950// <RET>          APPENDECTOMY

Current list of modifiers: none
Select CPT MODIFIER: <RET>
SITE OF SERVICE ZIP CODE: 12325// <RET>
Is this line item for a contracted service? No// <RET>  NO
PLACE OF SERVICE: INPATIENT HOSPITAL (21)// <RET>
AMOUNT CLAIMED: 600.00// <RET>
AMOUNT PAID: 508.33// <RET>
AMOUNT SUSPENDED: 91.67// <RET>
SUSPEND CODE: 1// <RET>
Exit ('^') allowed now
PRIMARY SERVICE FACILITY: MANCHESTER, NH// <RET>
OBLIGATION NUMBER: C95000// <RET>
DATE CORRECT INVOICE RECEIVED: JUN 21,1999// <RET>
VENDOR INVOICE DATE: JUN 21,1999// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
```

Section 1 - Civil Hospital Main Menu

Payment Process Menu **Edit Ancillary Payment**

Example, cont.

PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) FOR VET. REC. INPT. CARE IN
VAMC

// <RET>

Select SERVICE PROVIDED: <RET>

Select FEE BASIS PAYMENT PATIENT:

Payment Process Menu

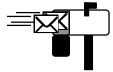
Enter Invoice/Payment



New Prompts:

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Invoice/Payment option is used to enter new Contract Hospital payments. Only authorized hospital invoices/payments may be entered through this option. All other Fee Basis payments are entered through other payment options. The Invoice Edit option must be used to make changes or adjustments to existing payments.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the vendor is exempt from the Austin Pricer, you will be prompted to enter the amount paid, and the payment will not be sent to the pricer.

Every prompt should be answered. Failure to enter a response or entering a <RET> or an up-arrow <^> at any prompt may result in an incomplete entry or deletion of the entire entry.

Section 1 - Civil Hospital Main Menu

Payment Process Menu Enter Invoice/Payment

Example

Select Patient:	BACON,JOSEPH
BACON,JOSEPH	Pt.ID: 106-10-4877
2344 HELP ST.	DOB: 1914
RED CROSS CITY	TEL: Not on File
OKLAHOMA 11235	CLAIM #: Not on File
	COUNTY: POTTAWATOMIE
Primary Elig. Code: SC LESS THAN 50% -- PENDING VERIFICATION	
Other Elig. Code(s): AID & ATTENDANCE	
NSC, VA PENSION	
HUMANITARIAN EMERGENCY	
HOUSEBOUND	

SC Percent: 45%					
Rated Disabilities: NONE STATED					
Health Insurance: YES					
Insurance Co.	Subscriber ID	Group	Holder	Effective	Expires
=====					
BLUE CROSS BLUE SHIELD	252525	201	SPOUSE	05/19/75	
AETNA	12345	123	SELF	01/01/91	
Want to add NEW insurance data? No// <RET>					
Are there any discrepancies with insurance data on file? No// <RET>					

Fee ID Card #:	8856324	Fee Card Issue Date:	07/16/93
Patient Name:	BACON,JOSEPH	Pt.ID:	106-10-4877
AUTHORIZATIONS:			
(1) FR:	08/01/94	VENDOR:	PRIVATE HOSPITAL - 987678978
TO:	08/09/94		
Authorization Type: CIVIL HOSPITAL			
Purpose of Visit: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.			
DX:			
County:	POTTAWATOMIE	PSA:	FORT WAYNE, IN
REMARKS:			
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72			
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR			
UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -			
MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.			
PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED			
DATES OF CARE			
Press RETURN to continue or '^' to exit: <RET>			

Payment Process Menu **Enter Invoice/Payment**

Example, cont.

```

Patient Name: BACON,JOSEPH                                Pt.ID: 106-10-4877
(2) FR: 08/10/94      VENDOR: PRIVATE HOSPITAL - 987678978
    TO: 08/22/94

        Authorization Type: CIVIL HOSPITAL
    Purpose of Visit: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
    DX:
    County: POTTAWATOMIE      PSA: FORT WAYNE, IN

    REMARKS:
        NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
        HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR
        UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

        MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
        PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
        DATES OF CARE

(3) FR: 08/23/94      VENDOR: PRIVATE HOSPITAL - 987678978
    TO: 08/31/94

        Authorization Type: CIVIL HOSPITAL
    Purpose of Visit: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
    DX:
    County: POTTAWATOMIE      PSA: TAMPA, FL

Press RETURN to continue or '^' to exit: <RET>

```

```

Patient Name: BACON,JOSEPH                                Pt.ID: 106-10-4877

    REMARKS:
        NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
        HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR
        UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

        MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
        PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
        DATES OF CARE

Enter a number (1-3): 3

```

Section 1 - Civil Hospital Main Menu

Payment Process Menu Enter Invoice/Payment

Example, cont.

Patient Name: BACON,JOSEPH	Pt.ID: 106-10-4877
*** VENDOR DEMOGRAPHICS ***	
Name: PRIVATE HOSPITAL	ID Number: 987678978
Address: 923 ANY WAY	Specialty:
City: ARGON	Type: PRIVATE HOSPITAL
State: NEW YORK	Participation Code: CONTRACT HOSPITAL
ZIP: 17165-9967	Medicare ID Number: 126789
County: MONROE	Chain:
Phone: 518-555-1212	
Fax: 518-555-1200	Pricer Exempt: Yes
Austin Name: PRIVATE HOSPITAL	
Last Change	Last Change
TO AUSTIN: 09/27/94	FROM AUSTIN: 09/30/94

Vendor is listed as 'exempt from the pricer'.
Do you wish to keep this invoice exempt from the pricer? Yes// <RET>

Select FEE BASIS BATCH NUMBER: 77 C90234

Invoice # 89 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 091594 (SEP 15, 1994)

Enter Vendor Invoice Date: 9/1/94 (SEP 1, 1994)
Is this line item for a contracted service? No// <RET>

DISCHARGE TYPE CODE: 9 STILL A PATIENT
BILLED CHARGES: 497
AMOUNT CLAIMED: 497
PAYMENT BY MEDICARE/FED AGENCY: No

ICD1: 200.00 200.00 RETICULOSARCOMA UNSPEC COMPLICATION/COMORBI
200.00
ICD2: <RET>

PROC1: 14.19 14.19 DX PROC POST SEG NEC OTHER DIAGNOSTIC
PROCEDURES
ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER
...OK? YES// <RET> (YES)

PROC2: <RET>

Select Patient:

Payment Process Menu

Invoice Edit



New Prompts:

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that have previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to edit payments from batches that have been released by a supervisor. (NOTE: Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.)

Introduction

The Invoice Edit option is used to edit data for a previously entered Contract Hospital invoice. This option cannot be used to enter new payments.

Payments from batches which have been transmitted cannot be edited. It should be noted that even though other batches may be accessed, you should edit only invoices contained in batches that you opened.

Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Payment Process Menu

Invoice Edit

Example

Select FEE BASIS BATCH NUMBER: 1024	C77777
Select FEE BASIS INVOICE NUMBER: 1225	

INVOICE DISPLAY							
=====							
Veteran's Name ('*'Reimbursement to Veteran '+' Cancellation Activity)							
('#' Voided Payment)							
Vendor Name				Vendor ID		Invoice #	
Fr Date	To Date	Claimed	Paid	Sus Code		Dt. Rec.	Inv. Date
=====							
CASEY,BENJAMIN 654-34-2888							
MEMORIAL HOSPITAL				101280604		1225	
07/01/94	07/04/94	1235.00	1235.00			07/16/94	07/10/94
Dx: 115.01 Dx: 116.1							
Proc: 10.41							
Associated 7078: C77777.0201							
Batch #: 1024				Date Finalized:			
INVOICE DATE RECEIVED: JUL 16,1994// <RET>							
VENDOR INVOICE DATE: 07/10/94// <RET>							
Is this line item for a contracted service? No// <RET>							
DISCHARGE TYPE CODE: TO HOME OR SELF CARE// DIED							
BILLED CHARGES: 2130// <RET>							
PAYMENT BY MEDICARE/FED AGENCY: no// <RET>							
AMOUNT CLAIMED: 2130// <RET>							
ICD1: 115.01// <RET>							
ICD2: 116.1							
ICD3: <RET>							
PROC1: 10.41// <RET>							
PROC2: <RET>							

Payment Process Menu

Multiple Ancillary Payments



Version 3.5 Changes: NEW OPTION



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Will any line items in this invoice be for contracted services? AND Is this line item for a contracted service? – These two existing prompts have been replaced by a single new prompt since all entered payments will have the same value for the amount paid. The new prompt is:


"The answer to the following will apply to all payments entered via this option.
Are payments for contracted services? No/"

The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

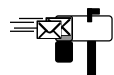
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee

schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

 **FBAASUPERSUPERVISOR** - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter identical ancillary services incurred while in a Non-VA Hospital for a specified patient and vendor. Only the date of service may differ.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAASUPERSUPERVISOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select FEE BASIS BATCH NUMBER: 160
Obligation #: C95000

Select Patient:      ACKERLEY,DENNIS

ACKERLEY,DENNIS      Pt.ID: 078-46-0348
12 ANY ST.           DOB: AUG 14,1955
MANCHESTER           TEL: Not on File
NEW HAMPSHIRE 12111  CLAIM #: 078460348
                     COUNTY: GRAFTON
Primary Elig. Code: SC LESS THAN 50% -- VERIFIED JUN 23, 1999
Other Elig. Code(s): SHARING AGREEMENT
SC Percent: 20%
```

Payment Process Menu

Multiple Ancillary Payments

Example, cont.

Rated Disabilities: DIABETES MELLITUS (20%-SC)

Health Insurance: YES

Insurance	COB	Subscriber ID	Group	Holder	Effective	Expires
BLUE CROSS		123456	Ind. Plan	SELF		

=====

Want to add NEW insurance data? No// <RET> NO

Are there any discrepancies with insurance data on file? No// <RET> NO

Patient Name: ACKERLEY,DENNIS

Pt.ID: 078-46-0348

AUTHORIZATIONS:

(1) FR: 06/20/99 VENDOR: MAJOR RURAL MEDICAL CENTER - 49574568758
TO: 06/24/99

Authorization Type: CIVIL HOSPITAL

Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) FOR VET. REC. INPT.
CARE IN VAMC

DX: APPENDICITIS

County: GRAFTON

PSA: MANCHESTER, NH

REMARKS:

NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR
UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
DATES OF CARE

Enter RETURN to continue or '^' to exit:

Patient Name: ACKERLEY,DENNIS

Pt.ID: 078-46-0348

VENDOR CONTACTS:

(1) DATE: 09/15/93 VENDOR: PRIVATE HOSPITAL PHONE: 334-5656

NARRATIVE:

CONTACTED BY MAXINE IN BILLING TO CONFIRM
VETERAN'S ELIGIBILITY AND AUTHORIZATION.

Is this the correct Authorization period (Y/N)? Yes// <RET> YES

AUTHORIZATION REMARKS:

1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.

Section 1 - Civil Hospital Main Menu

Payment Process Menu Multiple Ancillary Payments

Example, cont.

```
2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
3>CLINIC DIRECTOR -
4>
5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>
DX LINE 1: APPENDICITIS// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>
```

```
Select FEE BASIS VENDOR NAME:    MEDICAL GALLERY    876548465    ALL OTHER
PARTI
    715 ERIE BLVD
    FIRST FLOOR
    SCHENECTADY, NY  12325    TEL. #:  518-377-2354

Patient Name: ACKERLEY,DENNIS    Pt.ID: 078-46-0348

*** VENDOR DEMOGRAPHICS ***

    Name: MEDICAL GALLERY    ID Number: 876548465
    Address: 715 ERIE BLVD    Specialty:
    Address [2]: FIRST FLOOR
    City: SCHENECTADY    Type: OTHER
    State: NEW YORK    Participation Code: ALL OTHER
PARTICIPANT
    ZIP: 12325    Medicare ID Number:
    County:    Chain:
    Phone: 518-377-2354
    Fax:
    Type (FPDS):
    Austin Name:
    Last Change    Last Change
    TO Austin: 9/27/93    FROM Austin:
Want to Edit data? NO// <RET>
```


Payment Process Menu

Multiple Ancillary Payments

Example, cont.

Patient Name: ACKERLEY,DENNIS				SSN: 078460348			
VENDOR: MEDICAL GALLERY							
715 ERIE BLVD							
SCHENECTADY, NEW YORK 12325							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
SVC DATE	CPT-MODIFIER	AMT CLAIMED	AMT PAID	CODE	INVOICE #	BATCH #	

06/20/99	44950	\$ 600.00	\$ 508.33	1	239	160	
Enter RETURN to continue or '^' to exit:							
Want a new Invoice number assigned? YES// <RET>							
Invoice # 240 assigned to this Invoice							
Enter Date Correct Invoice Received or Last Date of Service							
(whichever is later): 6/22/99 (JUN 22, 1999)							
Enter Vendor Invoice Date: 6/21/99 (JUN 21, 1999)							
The answer to the following will apply to all payments entered via this option.							
Are payments for contracted services? No// <RET> NO							
Select Service Provided: 10080 DRAINAGE OF PILONIDAL CYST							
Current list of modifiers: none							
Select CPT MODIFIER: 79 UNRELATED PROC OR SERVICE BY SAME PHYS DURING POSTOP PERIOD							
Current list of modifiers: 79							
Select CPT MODIFIER: 52 REDUCED SERVICES							
Current list of modifiers: 52,79							
Select CPT MODIFIER:							
Major Category: SURGERY							
Sub-Category: INTEGUMENTARY SYSTEM							
Procedure: 10080 DRAINAGE OF PILONIDAL CYST							
Modifiers: -79 UNRELATED PROC OR SERVICE BY SAME PHYS DURING POSTOP PERIOD							
-52 REDUCED SERVICES							
Detail Description							
=====							
INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE							

Section 1 - Civil Hospital Main Menu

Payment Process Menu Multiple Ancillary Payments

Example, cont.

```
Is this correct? YES// <RET>
SITE OF SERVICE ZIP CODE: 12325// <RET> 12325

Select ICD DIAGNOSIS: 685.1 685.1          PILONIDAL CYST W/O ABSC
...OK? Yes// <RET> (Yes)
```

```
Select PLACE OF SERVICE: 22          OUTPATIENT HOSPITAL
Select TYPE OF SERVICE: 2            SURGERY

Service connected condition? NO
Amount Claimed: $: 200

Is $200 correct for Amount Claimed? Yes// <RET> YES
Amount Paid: $: 54.59// <RET> 54.59

Is $54.59 correct for Amount Paid? Yes// <RET> YES
Amount Suspended: $: 145.41// <RET> 145.41

Select FEE BASIS SUSPENSION CODE: 1          Charge exceeds maximum payable

Date of Service: 6/22/99 (JUN 22, 1999)
Is 6/22/99 correct? Yes// <RET> YES

          DRAINAGE OF PILONIDAL CYST          ....OK, DONE....
Invoice: 240 Totals: $ 54.59

Date of Service: 6/21/99 (JUN 21, 1999)
Is 6/21/99 correct? Yes// <RET> YES

          DRAINAGE OF PILONIDAL CYST          ....OK, DONE....
Invoice: 240 Totals: $ 109.18

Date of Service: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```

Payment Process Menu

Patient Reimbursement for Ancillary Services



Version 3.5 Changes:

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

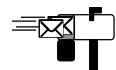
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule.



FBAASUPERVISOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Patient Reimbursement for Ancillary Services option is used to reimburse a patient for ancillary services paid for by the patient. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Payment Process Menu

Patient Reimbursement for Ancillary Services

Example

```

Select FEE BASIS BATCH NUMBER: 160
Obligation #: C95000

Select Patient:    ACKERLEY,DENNIS

ACKERLEY,DENNIS                                Pt.ID: 078-46-0348
12 ANY ST.                                           DOB: AUG 14,1955
MANCHESTER                                           TEL: Not on File
NEW HAMPSHIRE 12111                                CLAIM #: 078460348
                                                    COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  JUN 23, 1999
Other Elig. Code(s): SHARING AGREEMENT

          SC Percent: 20%
Rated Disabilities: DIABETES MELLITUS (20%-SC)

      Health Insurance: YES
Insurance    COB Subscriber ID      Group      Holder  Effective  Expires
=====
BLUE CROSS      123456                Ind. Plan  SELF
Want to add NEW insurance data? No// <RET>  NO
Are there any discrepancies with insurance data on file? No// <RET>  NO

```

```

Patient Name: ACKERLEY,DENNIS                                Pt.ID: 078-46-0348

AUTHORIZATIONS:
  (1) FR: 06/20/99      VENDOR: MAJOR RURAL MEDICAL CENTER - 49574568758
      TO: 06/24/99
      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) FOR VET. REC. INPT.C
ARE IN VAMC
      DX: APPENDICITIS
      County: GRAFTON                                PSA: MANCHESTER, NH

REMARKS:
  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
  HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR
  UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

  MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
  PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
  DATES OF CARE
Enter RETURN to continue or '^' to exit:

```


Payment Process Menu

Patient Reimbursement for Ancillary Services

Example, cont.

Patient Name: ACKERLEY,DENNIS		Pt.ID: 078-46-0348
*** VENDOR DEMOGRAPHICS ***		
Name:	MEDICAL GALLERY	ID Number: 876548465
Address:	715 ERIE BLVD	Specialty:
Address [2]:	FIRST FLOOR	
City:	SCHENECTADY	Type: OTHER
State:	NEW YORK	Participation Code: ALL OTHER
PARTICIPANT		
ZIP:	12325	Medicare ID Number:
County:		Chain:
Phone:	518-377-2354	
Fax:		
Type (FPDS):		
Austin Name:		
Last Change		Last Change
TO Austin: 9/27/93		FROM Austin:
Want to Edit data? NO// <RET>		

Patient Name: ACKERLEY,DENNIS		SSN: 078460348
VENDOR: MEDICAL GALLERY		
715 ERIE BLVD		
SCHENECTADY, NEW YORK 12325		
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)		
SVC DATE	CPT-MODIFIER	AMT CLAIMED AMT PAID CODE INVOICE # BATCH #

06/22/99	10080-52	\$ 200.00 \$ 54.59 1 240 160
	-79	
06/21/99	10080-52	\$ 200.00 \$ 54.59 1 240 160
	-79	
06/20/99	44950	\$ 600.00 \$ 508.33 1 239 160
Enter RETURN to continue or '^' to exit: <RET>		
Want a new Invoice number assigned? YES// <RET>		
Invoice # 241 assigned to this Invoice		
Enter Date Correct Invoice Received or Last Date of Service		
(whichever is later): T (JUN 24, 1999)		

Payment Process Menu
Patient Reimbursement for Ancillary Services

Example, cont.

```
Enter Vendor Invoice Date: 6/21/99   (JUN 21, 1999)

Date of Service: 6/21/99   JUN 21, 1999

SITE OF SERVICE ZIP CODE: 12325// <RET> 12325

Select Service Provided: 01922           ANESTH, CAT OR MRI SCAN

Current list of modifiers: none
Select CPT MODIFIER: <RET>

Major Category: ANESTHESIA
Sub-Category: RADIOLOGICAL PROCEDURES
Procedure: 01922   ANESTH, CAT OR MRI SCAN

                Detail Description
                =====
ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY
Is this correct? YES// <RET>
ANESTHESIA TIME (MINUTES): 15
                ANESTH, CAT OR MRI SCAN
Select PLACE OF SERVICE: 11           OFFICE
AMOUNT CLAIMED: 300
AMOUNT PAID: 300
HCFA TYPE OF SERVICE: 1           MEDICAL CARE
SERVICE CONNECTED CONDITION?: Y   (YES)

Select Service Provided: <RET>

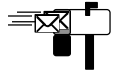
Date of Service: <RET>

Invoice: 241 Totals $ 300.00
```


Payment Process Menu**Reimbursement for Inpatient Hospital Invoice**

New Prompts:

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement for Inpatient Hospital Invoice option is used to enter a patient reimbursement for an inpatient hospital stay. The payment will be sent through the Austin Pricer just like a direct vendor invoice and the patient is reimbursed the same as the private facility. If the vendor is exempt from the pricer, the payment will not go through the Austin Pricer; instead, the prompts necessary to complete the payment will be asked.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

Select Patient: MARGOLIN, MERVYN	02-03-35	213895467	MILITARY RETIREE
MARGOLIN, MERVYN	Pt. ID: 213-89-5467		
53 PINE VALLEY RD	DOB: FEB 3, 1935		
PINE VALLEY	TEL: 716-432-2148		
NEW YORK 12947	CLAIM #: 89569465		
	COUNTY: HAMILTON		
Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED AUG 12, 1994			
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED			
SC Percent: 60%			
Rated Disabilities: NONE STATED			
Health Insurance: YES			
Insurance	Policy #	Group #	Holder
-----	-----	-----	-----

Payment Process Menu

Reimbursement for Inpatient Hospital Invoice

Example, cont.

PRUDENTIAL	98873498	UNKNOWN	APPLICANT
------------	----------	---------	-----------

Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

Patient Name: MARGOLIN,MERVYN Pt.ID: 213-89-5467

AUTHORIZATIONS:

(1) FR: 08/11/94 VENDOR: PINE VALLEY COMMUNITY HOSPITAL - 037454564
TO: 08/31/94

Authorization Type: CIVIL HOSPITAL
Purpose of Visit: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
DX: SEVERE PAIN LEFT ABDOMINAL AREA
County: HAMILTON PSA: SYRACUSE, NY

REMARKS:

NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR
UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
DATES OF CARE

Press RETURN to continue or '^' to exit: <RET>

Patient Name: MARGOLIN,MERVYN Pt.ID: 213-89-5467

Is this the correct Authorization period (Y/N)? Yes// <RET>

Patient: MARGOLIN,MERVYN

Address Line 1: 53 PINE VALLEY RD
Address Line 2: RR#2
City: PINE VALLEY
State: NEW YORK
Zip: 12947
County: HAMILTON

Want to edit Address data? No// <RET>

Payment Process Menu

Reimbursement for Inpatient Hospital Invoice

Example, cont.

Patient Name: MARGOLIN,MERVYN	Pt.ID: 213895467
*** VENDOR DEMOGRAPHICS ***	
Name: PINE VALLEY COMMUNITY HOSPITAL	ID Number: 037454564
Address: 123 MAIN	Specialty:
City: TROY	Type: CIVIL HOSPITAL
State: NEW YORK	Participation Code: NON-VA HOSPITAL
ZIP: 12009	Medicare ID Number: 432545
County:	Chain:
Phone: 555-3333	
Fax:	Pricer Exempt: Yes
Austin Name: DR. BONNIE O'KEEFE	
Last Change	Last Change
TO Austin: 11/14/90	FROM Austin: 11/16/90

Vendor is listed as 'exempt from the pricer'.
Do you wish to keep this invoice exempt from the pricer? Yes// <RET>

Select FEE BASIS BATCH NUMBER: 80 C90234

Invoice # 98 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 091594 (SEP 15, 1994)

Enter Vendor Invoice Date: 0901 (SEP 1, 1994)

DISCHARGE TYPE CODE: 9 STILL A PATIENT
BILLED CHARGES: 540
AMOUNT CLAIMED: 540
AMOUNT PAID: 540
PAYMENT BY MEDICARE/FED AGENCY: N (NO)
ICD1: 300.11 300.11 CONVERSION DISORDER
...OK? YES// <RET> (YES)
ICD2: <RET>
PROC1: 30.01 30.01 LARYNX CYST MARSUPIALIZ MARSUPIALIZATION OF
LARYNGEAL CYST
...OK? YES// <RET> (YES)
PROC2: <RET>

Select Patient:

Batch Main Menu - CH

Open a Batch



When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Civil Hospital batch. You must be an authorized control point user in IFCAP to use this option. To enter, edit, or delete payment data in these batches, use the options in the Civil Hospital Payment Process Menu.

If you are a control point user for more than one control point, you are prompted to select a control point before selecting an obligation number.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, you will return to the menu.

Example

```
Want to create a Contract Hospital Batch? YES// <RET>
```

```
Batch number assigned is: 180
```

```
Select Obligation Number: 500-C93999    -- 1358    Obligated - 1358
                        FCP: 333        $ 9999999
```

Batch Main Menu - CH

Edit Batch data



FBAASUPERVISOR - required to edit batches opened by other users.



If the obligation number is edited, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key, in which case you may edit any batch.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```
Select FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
 10      C90234
 11      C90234
 13      C89622
 14      C89211
 15      C89622
 16      C93999
'^' TO STOP: ^

Select FEE BASIS BATCH NUMBER: 1          C90234
Select CONTROL POINT: 999  999 FEE CIVIL HOSP
Obligation Number:  C90234// <RET>
Do you want to change the Obligation Number? No// Y  YES
Select Obligation Number:  C89621  500-C89621  --  1358 Ordered and Obligated
                        FCP: 999      $ 80000
Select CONTROL POINT: 999  999 FEE CIVIL HOSP
NUMBER: 1//  (No Editing)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

Batch Main Menu - CH

Close-out Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Civil Hospital batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

Batch Main Menu - CH

Close-out Batch

Example

```

Select FEE BASIS BATCH NUMBER: 156          C93999
Want to review batch? NO// YES

Patient Name ('*' Reimbursement to Veteran   '+' Cancellation Activity)
              ('#' Voided Payment)                      Batch Number
Vendor Name                               Vendor ID   Invoice #   Dt Inv Rec'd
FR DATE      TO DATE   CLAIMED   PAID      SUSP CODE
=====
KIRKER,DENNIS                                019-40-9130          156
  BASIC GENERAL HOSPITAL                    7463254956    250          8/15/94
  08/14/94 08/18/94    2.00          .00
  Dx: 100.0

*KIRKER,DENNIS                                019-40-9130          156
  BASIC GENERAL HOSPITAL                    7463254956    263          8/15/94
  08/14/94 08/18/94   50.00          .00
  Dx: 300.11  Dx: 300.11

Do you still want to close Batch? YES// <RET>

NUMBER: 156                                OBLIGATION NUMBER: C93999
TYPE: CH/CNH                               DATE OPENED: OCT 11, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN          STATION NUMBER: 500
TOTAL DOLLARS: 0                           INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                      DATE CLERK CLOSED: JAN 10, 1995
CONTRACT HOSPITAL BATCH: yes               BATCH EXEMPT: NO

STATUS: CLERK CLOSED


Batch Closed

Select FEE BASIS BATCH NUMBER:

```

Batch Main Menu - CH

Re-open Batch

 FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option. Although you may access all closed Fee Basis batches, only Civil Hospital batches should be reopened through this option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```
Select FEE BASIS BATCH NUMBER: 173          C89621

NUMBER: 173                                OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS                     DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN          STATION NUMBER: 500
TOTAL DOLLARS: 876                         PAYMENT LINE COUNT: 8
STATUS: OPEN                              INVOICE COUNT: 8

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:
```


Batch Main Menu

Pricer Batch Release



This option is no longer locked.

Introduction

The Pricer Batch Release option is used to review Contract Hospital payments and to release these payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

Select FEE BASIS BATCH NUMBER: 983	C77777
NUMBER: 983	OBLIGATION NUMBER: C77777
TYPE: CH/CNH	DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: BLACK,JOHN	STATION NUMBER: 500
TOTAL DOLLARS: 3450	INVOICE COUNT: 2
PAYMENT LINE COUNT: 2	DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: NO
STATUS: CLERK CLOSED	
Want line items listed? No// <RET>	
Do you want to Release Batch as Correct? No// Y	

NUMBER: 983	OBLIGATION NUMBER: C77777
TYPE: CH/CNH	DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: BLACK,JOHN	DATE SUPERVISOR CLOSED: JUL 16, 1990
SUPVR WHO CERTIFIED: DOE, PAUL	STATION NUMBER: 500
TOTAL DOLLARS: 3450	INVOICE COUNT: 2
PAYMENT LINE COUNT: 2	DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: NO
STATUS: SUPERVISOR CLOSED	
Batch has been Released!	

Batch Main Menu - CH

Re-initiate Pricer Rejected Items



New Prompts:

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

Introduction

The Re-initiate Pricer Rejected Items option is used to re-initiate rejects from the Austin Pricer system into another Civil Hospital batch. You will be given the opportunity to edit the payment after reinitiating.

Example

```
Select Batch with Pricer Rejects:  990      C77777

Select New Batch Number:   1014      C77777

Select Patient:  KONROY,KERRY      10-23-56      114765990      SC VETERAN
                  1185
```

```

                                INVOICE DISPLAY
                                =====
Veteran's Name  ((''Reimbursement to Veteran  '+' Cancellation Activity)
                  ('#' Voided Payment)

Vendor Name
Fr Date      To Date   Claimed   Paid      Sus Code      Invoice #
Dt. Rec.     Inv. Date
=====
KONROY,KERRY  114-76-5990
MEMORIAL HOSPITAL
07/15/94      07/17/94   3125.00   3125.00      101280604      1185
Dx: 116.0
Associated 7078: C77777.0177
Batch #:
Rejects Pending!      Reject reason: WRONG VENDOR
Old Batch #: 990

Want to re-initiate this payment? No//  Y

Want to edit payment now? Yes//  <RET>
```

Batch Main Menu - CH
Re-initiate Pricer Rejected Items

Example, cont.

```
INVOICE DATE RECEIVED: AUG 5,1994// <RET>
VENDOR INVOICE DATE: 07/27/94 (JUL 27, 1994)
Is this line item for a contracted service? No// <RET>
DISCHARGE TYPE CODE: TO HOME SELF CARE// <RET>
BILLED CHARGES: 3125.00// 3120.00
PAYMENT BY MEDICARE/FED AGENCY: no// <RET>
AMOUNT CLAIMED: 3125.00// 3120.00
ICD1: 116.0// <RET>
ICD2: <RET>
PROC1: <RET>
```

Batch Main Menu - CH

Release a Batch



When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.



FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Civil Hospital batches.

Example

```
Select FEE BASIS BATCH NUMBER: 284          C35001

NUMBER: 284                                OBLIGATION NUMBER: C35001
TYPE: CH/CNH                               DATE OPENED: MAY 13, 1993
CLERK WHO OPENED: SIRCO,LUCIA              DATE SUPERVISOR CLOSED: MAY 13, 1993
SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA      STATION NUMBER: 500
TOTAL DOLLARS: 10                          INVOICE COUNT: 1
PAYMENT LINE COUNT: 1                     DATE CLERK CLOSED: MAY 13, 1993
DATE TRANSMITTED: MAY 13, 1993             CONTRACT HOSPITAL BATCH: yes
BATCH EXEMPT: NO

STATUS: ASSIGNED PRICE

Want line items listed? NO// y  YES
```

Batch Main Menu - CH

Release a Batch

Example, cont.

Patient Name		('*' Reimbursement to Veteran		'+' Cancellation Activity)		Batch Number	
Vendor Name		Vendor ID		Invoice #		Dt Inv Rec'd	
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE			
=====							
MILLER, KERRY		321-65-4987		284			
MEMORIAL HOSP		654789435CN		387		5/13/93	
04/20/93	04/28/93	5.00	10.00	Discharge		DRG20	
Dx: 121.3							
Do you want to Release Batch as Correct? NO// y YES							
NUMBER: 284		OBLIGATION NUMBER: C35001					
TYPE: CH/CNH		DATE OPENED: MAY 13, 1993					
CLERK WHO OPENED: SIRCO, LUCIA		DATE SUPERVISOR CLOSED: MAY 13, 1993					
SUPERVISOR WHO CERTIFIED: SIRCO, LUCIA		STATION NUMBER: 500					
TOTAL DOLLARS: 10		INVOICE COUNT: 1					
PAYMENT LINE COUNT: 1		DATE CLERK CLOSED: MAY 13, 1993					
DATE TRANSMITTED: MAY 13, 1993		CONTRACT HOSPITAL BATCH: yes					
BATCH EXEMPT: NO							
STATUS: SUPERVISOR CLOSED							
Batch has been Released!							

Batch Main Menu - CH

Finalize a Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Civil Hospital batches.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

Example

```
Select FEE BASIS BATCH NUMBER: 917                C77777

NUMBER: 917                                OBLIGATION NUMBER: C77777
TYPE: CN/CNH                               DATE OPENED: MAY 15, 1994
CLERK WHO OPENED: BLACK,JOHN              DATE SUPERVISOR CLOSED: MAY 16, 1994
SUPERVISOR WHO CERTIFIED: DOE,ED          STATION NUMBER: 500
TOTAL DOLLARS: 8215                       INVOICE COUNT: 3
PAYMENT LINE COUNT: 3                     DATE CLERK CLOSED: MAY 15, 1994
DATE TRANSMITTED: MAY 17, 1994            BATCH EXEMPT: NO
CONTRACT HOSPITAL BATCH: YES

STATUS: TRANSMITTED

Want line items listed? No//  Y
```

Batch Main Menu - CH

Finalize a Batch

Example, cont.

Patient Name		('*' Reimbursement to Veteran		'+' Cancellation Activity)		Batch Number	
Vendor Name		('#' Voided Payment)		Vendor ID		Invoice #	
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE		Dt Inv	Rec'd
=====							
BROWN, CHESTER		541-24-7978		834			
MEMORIAL HOSPITAL		665776887		1040		2/1/94	
01-02-94	01-03-94	2300.00	2300.00				
DX: 103.9							
ADAMS, MICHAEL		598-27-7918		834			
GLENS FALLS HOSPITAL		905776417		1041		3/28/94	
02/13/94	02/15/94	2815.00	2815.00				
DX: 103.9							
CRANE, WENDELL		540-26-7761		834			
SARATOGA HOSPITAL		456980331		1042		4/30/94	
03/01/94	03/31/94	3100.00	3100.00				
DX: 103.9							
Want to reject the entire Batch? No// <RET>							
Want to reject any line items? No// Y							
Select Patient: BROWN, CHESTER 04-29-61 541247978 SC VETERAN							

Batch Main Menu - CH

Finalize a Batch

Example, cont.

Patient Name		('*' Reimbursement to Veteran		'+' Cancellation Activity)		Batch Number	
Vendor Name		('#' Voided Payment)		Vendor ID		Invoice #	
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE		Dt Inv	Rec'd
=====							
BROWN,CHESTER		541-24-7978		834			
MEMORIAL HOSPITAL		665776887		1040		2/1/94	
1)	01/02/89	01/03/89	2300.00	2300.00			
Want all line items rejected for this patient? Yes// N							
Reject which line item: 1							
Are you sure you want to reject item number: 1 ? No// Y							
Enter reason for rejecting: WRONG VENDOR							
Item rejected. Want to reject another ? Yes// N							
NUMBER: 917				OBLIGATION NUMBER: C77777			
TYPE: CH/CNH							
DATE OPENED: MAY 15, 1990				CLERK WHO OPENED: BLACK,JOHN			
DATE SUPERVISOR CLOSED: MAY 16, 1990				SUPERVISOR WHO CERTIFIED: DOE,ED			
STATION NUMBER: 500				TOTAL DOLLARS: 5915			
INVOICE COUNT: 2				PAYMENT LINE COUNT: 2			
DATE CLERK CLOSED: MAY 15, 1990				DATE TRANSMITTED: MAY 17, 1990			
REJECTS PENDING: YES				BATCH EXEMPT: NO			
CONTRACT HOSPITAL BATCH: YES							
STATUS: TRANSMITTED							
Do you want to Finalize Batch as Correct? No// Y							
Batch has been Finalized!							

Batch Main Menu - CH

Re-initiate Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Civil Hospital batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Batch Main Menu - CH
Re-initiate Rejected Payment Items

Example

Select Batch with Rejects: 80		C90234	
New Batch for Rejects is: 211			
Want line items listed? NO// YES			
Patient Name ('*' Reimbursement to Veteran '+' Cancellation Activity)			
		Batch Number	
Vendor Name		Vendor ID	Invoice #
FR DATE	TO DATE	CLAIMED	PAID
		SUSP CODE	

Batch Number: 80		Voucher Date: 1/10/95	
Voucherer: GRAY,MARY ELLEN			
MARGOLYN,MERVYN		213-89-5467	80
PINE VALLEY COMMUNITY HOSPITAL		037454564	98
00		9/2/93@11:	
08/11/93 08/31/93		533.00	525.00
Dx: 300.11		4	Discharge DRG21
Proc: 30.01			
Reject Reason: WRONG PAYEE			
Old Batch #: 80			

Want to re-initiate all rejected items in the Batch? NO// YES			
Are you sure you want to re-initiate all line items in this batch? NO// YES			
...HMMM, JUST A MOMENT PLEASE...			
All rejected items have been re-initiated!			
Select Batch with Rejects:			

Batch Main Menu - CH

Delete Reject Flag



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to access this option.



When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error.

Although all Fee Basis batches with rejections may be accessed, this option should only be used to delete reject flags from Civil Hospital batches.

Example

```
Select FEE BASIS BATCH NUMBER: 164 375 C15005

NUMBER: 375 OBLIGATION NUMBER: C15005
TYPE: CH/CNH DATE OPENED: OCT 18, 1994
CLERK WHO OPENED: HENSLER, BARBARA DATE SUPERVISOR CLOSED: OCT 18, 1994
SUPERVISOR WHO CERTIFIED: HENSLER, BARBARA
STATION NUMBER: 500 TOTAL DOLLARS: 0
INVOICE COUNT: 0 PAYMENT LINE COUNT: 0
DATE FINALIZED: NOV 29, 1994 DATE CLERK CLOSED: OCT 18, 1994
DATE TRANSMITTED: OCT 18, 1994 CONTRACT HOSPITAL BATCH: yes
PERSON WHO COMPLETED: GRAY, MARY ELLEN REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: VOUCHERED

Want line items listed? NO// y YES
```

Batch Main Menu - CH

Delete Reject Flag

Example, cont.

Patient Name		('*' Reimbursement to Veteran '+' Cancellation Activity)		Batch Number	
Vendor Name		('#' Voided Payment)		Batch Number	
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE	
=====					
Batch Number: 375 Voucher Date: 11/29/94 Voucherer: GRAY,MARY ELLEN					
HOEHN,CARL P.		057-38-2448		375	
ALBANY MED		444444444		560 10/18/94	
10/17/94	10/18/94	1.00	1.00	Discharge DRG492	
Dx: 271.3					
Reject Reason: wrong vendor					
Old Batch #: 375					

Want to delete rejection codes for the entire Batch? NO// <RET>					
Want to delete rejection code for any line items? NO// y YES					

Patient Name		('*' Reimbursement to Veteran '+' Cancellation Activity)		Batch Number	
Vendor Name		('#' Voided Payment)		Batch Number	
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE	
=====					
HOEHN,CARL P.		057-38-2448		375	
ALBANY MED		444444444		560 10/18/94	
1) 10/17/94	10/18/94	1.00	1.00	Discharge DRG183	
Dx: 271.3					
Delete reject flag for which line item: (1-1): 1					
Are you sure you want to delete the reject on item number 1? NO// y YES					
...Done					
NUMBER: 375		OBLIGATION NUMBER: C15005			
TYPE: CH/CNH		DATE OPENED: OCT 18, 1994			
CLERK WHO OPENED: HENSLER,BARBARA		DATE SUPERVISOR CLOSED: OCT 18, 1994			
SUPERVISOR WHO CERTIFIED: HENSLER,BARBARA					
STATION NUMBER: 500		TOTAL DOLLARS: 1			
INVOICE COUNT: 1		PAYMENT LINE COUNT: 1			
DATE FINALIZED: NOV 29, 1994		DATE CLERK CLOSED: OCT 18, 1994			
DATE TRANSMITTED: OCT 18, 1994		CONTRACT HOSPITAL BATCH: yes			
PERSON WHO COMPLETED: GRAY,MARY ELLEN		BATCH EXEMPT: NO			
STATUS: VOUCHERED					
Select FEE BASIS BATCH NUMBER:					

Batch Main Menu - CH

Status of Batch

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

Batch Main Menu - CH

Status of Batch

Example

```
Select FEE BASIS BATCH NUMBER: 181          C15005

DEVICE: HOME// <RET>  VIRTUAL TERMINAL      RIGHT MARGIN: 80// <RET>

NUMBER: 181                                OBLIGATION NUMBER: C15005
TYPE: CH/CNH                              DATE OPENED: NOV  6, 1990
CLERK WHO OPENED: MURRAY,CHARLENE          DATE SUPERVISOR CLOSED: NOV  9, 1990
SUPERVISOR WHO CERTIFIED: CURLEY,KATHLEEN
STATION NUMBER: 500                        TOTAL DOLLARS: 50
INVOICE COUNT: 2                           PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: NOV  6, 1990             DATE TRANSMITTED: NOV  9, 1990
CONTRACT HOSPITAL BATCH: YES                BATCH EXEMPT: NO

STATUS: TRANSMITTED

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu - CH

List Items in Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example


```
Select FEE BASIS BATCH NUMBER: 181          C89621
DEVICE: HOME//    CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80// <RET>
```

```
Patient Name  ('*' Reimbursement to Veteran  '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch Number
Vendor Name                Vendor ID  Invoice #  Dt Inv Rec'd
FR DATE    TO DATE  CLAIMED   PAID    SUSP CODE
=====
APOLLO,ARLENE                494-09-2902                181
SAMARITAN HOSP                999876542                198                11/8/90
10/30/90 11/09/90 100.00    50.00                1      Discharge DRG423
Dx: 103.2
Proc: 01.01

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu - CH

Batch Delete

 **FBAASUPERVISOR** - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
Select FEE BASIS BATCH NUMBER:      169          C90234

NUMBER: 169                                OBLIGATION NUMBER: C90234
TYPE: CH/CNH                              DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN         STATION NUMBER: 500
DATE CLERK CLOSED: MAY 17, 1993          CONTRACT HOSPITAL BATCH: yes
BATCH EXEMPT: NO

STATUS: ASSIGNED PRICE

Sure you want to DELETE this batch? No// y  YES

    Batch Deleted.

Select FEE BASIS BATCH NUMBER:
```


Batch Main Menu - CH

Open Ancillary Payment Batch

Introduction

The Open Ancillary Payment Batch option is used to open a batch for ancillary payments associated with a contract hospital admission. Ancillary payments are those made to vendors (other than the hospital) who provide services to veterans while they are hospitalized at a private facility under VA auspices.

You must be an authorized user in the IFCAP package to select an obligation number.

Example

```
Want to create an Ancillary Payment Medical Batch? Yes//  <RET>
Medical Batch number assigned is:  1011

      ARE YOU ADDING '1011' AS A NEW FEE BASIS BATCH (THE nTH)?  Y

Select Obligation Number:  C77777  500-C77777      -- 1358  Obligated - 1358
                        FCP: 777      $ 9999999
```

Output Menu

7078 Print



The heading on the VA Form 10-7078 has been changes to read, "Department of Veterans Affairs". The form has also been modified to allow the second line address for both the vendor and the patient to print.

Introduction

The 7078 Print option is used to generate VA Form 10-7078, "Authorization and Invoice for Medical and Hospital Services". This option allows you to specify the number of copies (up to five) that you wish to print.

If you wish the name and title of the approving official to be different from those set through the site parameters, you may edit through this option.

Example

```
Select Veteran: WILSON,MORGAN      06-02-34      554678221      SC VETERAN

      C77777.0141      MEMORIAL HOSPITAL      WILSON,MORGAN      COMPLETE

REFERENCE NUMBER: C77777.0141      VENDOR: MEMORIAL HOSPITAL
VETERAN: WILSON,MORGAN      AUTHORIZATION FROM DATE: AUG 30, 1994
AUTHORIZATION TO DATE: SEP 17, 1994      AUTHORITY: NON-VA FOR SC DISABILITY
ESTIMATED AMOUNT: 1350      USER ENTERING: BLACK,JOHN
STATUS: COMPLETE      DATE OF ISSUE: AUG 30, 1994
FEE PROGRAM: CIVIL HOSPITAL

Is this the correct 7078? Yes//  <RET>
Approving Official for 7078: Walter Johnson MD//  <RET>
Title of Approving Official: Clinical Director//  <RET>
# of copies of 7078? 1//  <RET>

DEVICE: HOME//  CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 120//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (DEC 12, 1994@15:17)
REQUEST QUEUED
```

Output Menu 7078 Print

Example, cont.

Department of Veterans Affairs		AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES	
Issuing Office VAMC ALBANY 113 HOLLAND AVE ALBANY, NY 12208		1. Date of Issue 08/30/94	
		2. Veteran's Name WILSON,MORGAN	
Name of Physician or Station MEMORIAL HOSPITAL NEW SCOTLAND AVE SUITE 301 ALBANY, NY 12209 ID#: 101280604		3. Address 1 MAIN ST Apt. 1B TROY, NY 12180	
		4. Veteran's Claim No. 554678221	4A. SSN 554-67-8221
		5. Authorization Valid From 08/30/94 To 09/17/94	
PART 1. - SERVICES AUTHORIZED			
6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.) Move to VAMC ASAP			7. Fee \$
8. Fee Schedule or Contract	9. Authority 17.45	9A.	10. Estimated Amount \$500.00
11. Fiscal Symbols 360/10161.001 C77777.0141	12. Authorized by (Name and Title) JAMES R REELGOOD ME Clinical Director		
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.			
2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.			
3. Payment by the VA is payment in full for authorized services rendered.			
4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.			
5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major surgery.			
6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the release of the patient from the hospital.			
All questions relating to this authorization should be referred to the issuing VA Office			
VA Form 10-7078			

Output Menu Check Display



NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number: 18729310

DEVICE: HOME// <RET>  LAT TERMINAL      RIGHT MARGIN: 80// <RET>

                                PAYMENT HISTORY FOR CHECK # 18729310
                                -----
                                                                Page: 1

                                FEE PROGRAM:  CIVIL HOSPITAL
('' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  From      To      Amount    Amount    Susp      Batch      Invoice
  Date      Date      Claimed    Paid      Code      Number      Number
=====

VENDOR:  SAMARITAN HOSPITAL              VENDOR ID:  898989899

Patient:  ADAMS,OTIS                      Patient ID:  321-56-1023
  6/1/94   6/30/94   6,100.00   6,000.00   D          378          583
  >>>Check # 18729310  Date Paid:  1/9/95<<<

Enter RETURN to continue or '^' to exit: <RET>

Select Check Number:
```

Output Menu

Civil Hospital Census Report

Introduction

The Civil Hospital Census Report option generates an output of all active Civil Hospital inpatients, as determined by the Authorization FROM and TO dates in Section 5 of VA Form 10-7078, for a specified census date. For this reason, it is imperative that VA Form 10-7078s are entered in a timely manner in order for the report to contain accurate census information.

Example

```
****CENSUS DATE SELECTION****
```

```
Census DATE: 072994 (JUL 29, 1994)
```

```
Display Address for Vendors? No// Y YES
```

```
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
```

```
FEE BASIS CIVIL HOSPITAL CENSUS
07/29/94
```

```
-----
```

VENDOR NAME	VENDOR ID				
VETERAN NAME	DOB	VETERAN ID	PSA	AUTH FROM DATE	
=====					
PRIVATE HOSPITAL	987678978	CONTRACT HOSP			
923 ANY WAY					
ARGON, NY 17165-9967	TEL. #: 717-653-9366				
BACON, JOSEPH	01/31/55	106-10-4877	569	07/27/94	
PINE VALLEY COMMUNITY HOSPITAL	037454564	CONTRACT HOSP			
RR#2					
PINE VALLEY, NY 12943	TEL. #: 716-984-3355				
MARGOLIN, MERVYN	02/03/35	213-89-5467	670	08/11/93	
PUBLIC HOSPITAL	987678978	CONTRACT HOSP			
9 SKY WAY					
FREON, NY 17165-9967	TEL. #: 518-869-9999				

```
Press RETURN to continue or '^' to exit: <RET>
```

Section 1 - Civil Hospital Main Menu

Output Menu **Civil Hospital Census Report**

Example, cont.

FEE BASIS CIVIL HOSPITAL CENSUS				
08/15/93				

VENDOR NAME	VENDOR ID			
VETERAN NAME	DOB	VETERAN ID	PSA	AUTH FROM DATE
=====				
BACON, JOSEPH	00/14	106-10-4877	569	07/27/93

Output Menu

Cost Report for Civil Hospital

Introduction

This option generates the Cost Report for Civil hospital for a specified date range, sorted by DATE FINALIZED and PATIENT TYPE CODE. You can print either a detailed report or a summary.

Example

```

**** Date Range Selection ****

Beginning DATE : t-10  (DEC 04, 1994)

Ending      DATE : t  (DEC 14, 1994)

Select one of the following:

          D          DETAILED REPORT
          S          SUMMARY ONLY

Choose Report Type: S// dETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP  KYOCERA    RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 14, 1994@13:57:15)
REQUEST QUEUED
Task #: 33752

```

COST REPORT FOR CIVIL HOSPITAL 12/4/87 THROUGH 12/14/94 -----					
PATIENT NAME	PATIENT ID	ASSOC 7078	AMT PAID	FINAL DRG	LOS
=====					
TREATING SPECIALTY: MEDICAL					
ADAMS,JOHN	339-33-9339	C90234.0057	4.44**		
SHAKE,MARY	606-77-8899	C90234.0008	5.00	18	2
TREATING SPECIALTY: SURGICAL					
MARGOLYN,MERVYN	213-89-5467	C90234.0031	525.00	21	20
** Indicates an Ancillary Payment					

Output Menu
Cost Report for Civil Hospital

Example, cont.

COST REPORT FOR CIVIL HOSPITAL 12/4/87 THROUGH 12/14/94 -----		
SUMMARY		
LOS	# CASES	AVE. AMT. PAID
=====		
TREATING SPECIALTY: MEDICAL		
2	1	5.00
TREATING SPECIALTY: SURGICAL		
20	1	525.00
=====		
TOTAL CASES: 2	AVERAGE AMOUNT PAID: 265.00	AVERAGE LOS: 11.00
TOTAL ANCILLARY PAYMENTS: 1	AVERAGE AMOUNT PAID:	4.44

Output Menu

Display Open Batches

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	MARTIN,MICHAEL	C33003
26	Pharmacy	05/28/93	MARTIN,MICHAEL	C93004
28	Medical	05/28/93	MARTIN,MICHAEL	C33003
33	Medical	06/02/93	STELLA,KAREN H	C33003
34	CH/CNH	06/03/93	STELLA,KAREN H	C33003
35	Medical	06/08/93	STELLA,KAREN H	C33003

Output Menu Invoice Display



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Civil Hospital invoice.

NOTE: Although you may view and print both Civil Hospital and Contract Nursing Home invoices with this option, it should be used to view and print Civil Hospital invoices only.

Example

```
Select FEE BASIS INVOICE NUMBER: 164
DEVICE: HOME// <RET> VIRTUAL TERMINAL RIGHT MARGIN: 80// <RET>

                          INVOICE DISPLAY
                          =====
Veteran's Name   ('*'Reimbursement to Veteran  '+' Cancellation Activity)
                  ('#' Voided Payment)
Vendor Name      Vendor ID      Invoice #
Fr Date         To Date   Claimed   Paid     Sus Code      Dt. Rec.   Inv. Date
=====
BALON,GRACE V   001-44-1920
SAMARITAN HOSP      888888888      164
10/23/94  10/31/94  1800.00  1800.00      11/6/94  11/1/94
DX: 747.3          Discharg DRG: 136

Associated 7078: C15005.0007
Batch #: 267          Date Finalized: 11/25/94
Rejects Pending!      Reject reason: WRONG OBLIGATION
Old Batch #: 267

Select FEE BASIS INVOICE NUMBER:
```

Output Menu

List Batches Pending Release

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

DEVICE: HOME// CIVIL HOSPITAL RIGHT MARGIN: 80// <RET>				
FEE BATCHES PENDING RELEASE				
Batch #	Date Closed	Clerk Who Opened	FCP-Obligation #	Total \$
=====				
33	08/19/93	STELLA,KAREN H	333-C33003	3295.00
29	06/01/93	STELLA,KAREN H	999-C90234	1500.00

Output Menu

Non-VA Hospital Activity Report

Introduction

This option is used to generate and print a report of non-VA hospital activity for a specified month/year. You may include activity for public, private, or federal hospitals.

The report is broken down by bedsection: Medicine, Surgery, and Psychiatry. The number of admissions, discharges, deaths, patients remaining, days of care, and days of unauthorized care is given for each.

Example

NON-VA HOSPITAL ACTIVITY REPORTS	

Select one of the following:	
1	PUBLIC HOSPITAL
2	PRIVATE HOSPITAL
3	FEDERAL HOSPITAL
Enter response: 2 PRIVATE HOSPITAL	
This option will calculate the PRIVATE HOSPITAL Activity Report.	
Enter Month and Year: 0793 (JUL 1993)	
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>	

Output Menu
Non-VA Hospital Activity Report

Example, cont.

PRIVATE HOSPITAL ACTIVITY REPORT					

For the month of: JUL 1993					
=====					
MEDICINE					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
-----	-----	-----	-----	-----	-----
1	0	0	1	4	0
SURGERY					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
-----	-----	-----	-----	-----	-----
0	0	0	0	0	0
PSYCHIATRY					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
-----	-----	-----	-----	-----	-----
0	0	0	0	0	0

Output Menu

Pending Pricer Rejects

Introduction

The Pending Pricer Rejects option is used to view and print a list of pending rejects from the Austin Pricer. These are payment items rejected through the Complete a Payment option.

Example

```

DEVICE: HOME//  CIVIL HOSPITAL PRINTER  RIGHT MARGIN: 80//  <RET>

                                CIVIL HOSPITAL REJECTED PAYMENT HISTORY
                                -----

(' ' Represents Reimbursement to Patient      '#' Represents Voided Payment)
Inv Date          Amount      Amount  Susp  Invoice      From      To
                  Claimed     Paid    Code   Num        Date      Date
=====
Vendor: ELLIOT HOSPITAL                      Vendor ID: 222665432
Patient: MARSHALL,LEONARD                    Patient ID: 405-08-0834
  11/1/93                      22.00      0.00      1213      12/1/91      12/1/91
  DX: 214
  Associated 7078: C91123.0143
  Rejects Pending!      Reject Reason: INVALID MEDICARE I.D.
  Old Batch #: 276

You have PENDING ALERTS
      Enter  "VA      VIEW ALERTS      to review alerts

Select Output Menu Option:

1(022,028)
  
```

Output Menu

Potential Cost Recovery Report

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select Primary Service Facility: ALL// <RET>
**** Date Range Selection ****
    Beginning DATE : 060194  (JUN 01, 1994)

    Ending    DATE : T  (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
Task #: 46411
```

```
POTENTIAL COST RECOVERY REPORT
Division: 623 MUSKOGEE, OK
06/01/94 - 07/20/94
Page: 1
Patient: BACON,JOSEPH      Patient ID: 106-10-4877  DOB: 12/14/45
('' Represents Reimbursement to Patient    '#' Represents Voided Payment)
=====
Health Insurance: YES
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
BLUE CROSS BLUE    12345                                SELF      1/1/94      12/31/94

FEE PROGRAM: OUTPATIENT

Svc Date CPT-MOD      Amount      Amount      Susp      Travel      Batch Invoice Voucher
          Claimed      Paid      Code      Paid      Num      Num      Date
=====
Vendor: GOOD TIME NURSING HOME      Vendor ID: 987561234
04/18/94 11001      99.95      90.00      1      00004      2      07/20/94
Primary Dx: DICALC PHOS CRYST-H (712.14)  S/C Condition? NO      Obl.#: C89211
>> Cost recover from insurance.
```

Output Menu

Print Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```

DEVICE: HOME// CIVIL HOSPITAL PRINTER   RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
    
```

```

Patient Name ('*' Reimbursement to Veteran  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch Number
Vendor Name                                     Vendor ID   Invoice #   Dt Inv Rec'd
FR DATE      TO DATE   CLAIMED   PAID      SUSP CODE
=====
Batch Number: 341      Voucher Date: 8/10/93  Voucherer: SIRCO,LUCIA

CHABOT,JOHN                                     456-43-5678      341      6/31/93
ELLIOT HOSPITAL                                456765888      523      7/27/93
6/1/93  6/3/93      1552.00   1552.00
Dx: 214.0
Reject Reason: DUPLICATE PAYMENT
Old Batch #: 341
    
```


Output Menu

Request Statistics

Introduction

The Request Statistics option is used to display and print a report showing the Contract Hospital requests for a specified date range. All authorized, denied, and pending requests are shown, along with totals for denied and pending requests. For each request, the veteran's name, hospital, and admission date will be listed.

Example

```
**** Date Range Selection ****
```

```
Beginning DATE: 6/1/90 (JUN 01, 1990)
```

```
Ending DATE: T (JUL 27, 1990)
```

```
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
```

CONTRACT HOSPITAL REQUEST STATISTICS

```
-----
('+' Request Pending)
('!' Request Denied)
```

VETERAN	VENDOR	ADMISSION
=====		
! WILSON,MORGAN	MEMORIAL HOSPITAL	JUN 5,1990
CARSON,GLEN	GLENS FALLS HOSPITAL	JUN 8,1990
! CASEY,BENJAMIN	WARREN HOSPITAL	JUN 9,1990
ADAMS,MICHAEL	MEMORIAL HOSPITAL	JUL 3,1990
RANDALL,NED	SOUTH HOSPITAL	JUL 5,1990
COREY,DONALD	SOUTH HOSPITAL	JUL 11,1990
KONROY,KERRY	WARREN HOSPITAL	JUL 14,1990
CANE,HARRY	MEMORIAL HOSPITAL	JUL 20,1990
+ WARREN,WADE	GLENS FALLS HOSPITAL	JUL 23,1990
+ SANDERS,NELSON	KENT HOSPITAL	JUL 24,1990

```
Total Requests: 10
```

```
# of Requests Denied: 2
```

```
# of Request Pending: 2
```

Output Menu

Unauthorized Claims Cost Report for Civil Hospital

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example

```

**** Date Range Selection ****

Beginning DATE : 010194  (JAN 01, 1994)

Ending    DATE : T  (AUG 09, 1994)

Select one of the following:

          D          DETAILED REPORT
          S          SUMMARY ONLY

Choose Report Type: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME//    CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
    
```

```

                                UNAUTHORIZED CLAIMS
                                COST REPORT FOR CIVIL HOSPITAL
                                01/01/94 THROUGH 08/09/94
                                -----

PATIENT NAME          PATIENT ID      DT CLAIM REC    AMT PAID    FINAL DRG    LOS
=====
          TREATING SPECIALTY:  MEDICAL
SHAKIM,RAJID          606-77-8899      05/17/94          2.00          45          3
          ** Indicates an Ancillary Payment
    
```

Output Menu**Unauthorized Claims Cost Report for Civil Hospital****Example, cont.**

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL 01/01/94 THROUGH 08/09/94 -----		
SUMMARY		
LOS	# CASES	AVE. AMT. PAID
=====		
TREATING SPECIALTY: MEDICAL		
3	1	2.00
=====		
TOTAL CASES: 1	AVERAGE AMOUNT PAID: 2.00	AVERAGE LOS: 3.00

Output Menu

Vendor Payments Output



Version 3.5 Changes:

Displays that include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor: ALBANY MEDICAL CENTER      442244333  ALL OTHER
PARTICIPANTS, NOT INDIVIDUALS
      101 HOLLAND AVE
      ALBANY, NEW YORK 12208
      TEL. #: 518-462-9366

**** Date Range Selection ****

      Beginning DATE : 0101  (JAN 01, 1994)

      Ending      DATE : 0630  (JUN 30, 1994)

Select FEE Program: ALL// CIVIL HOSPITAL
Select another FEE Program: <RET>

DEVICE: HOME// A100  CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80// <RET>
```

Output Menu

Vendor Payments Output

Example, cont.

VENDOR PAYMENT HISTORY						
=====						
						Page: 1
						Date Range: 1/1/94 to 6/30/94
Vendor: ALBANY MEDICAL CENTER			Vendor ID: 442244333			
FEE PROGRAM: CIVIL HOSPITAL						
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)						
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)						
Inv Date	Amount	Amount	Susp	Invoice	From	To
	Claimed	Paid	Code	Num	Date	Date
=====						
Patient: ANDERSON JOHN,J T			Patient ID: 111-22-3001			
1/11/94	10.00	0.00		531	11/5/93	11/15/93
DX: 103.0						
Patient: HOLMES,CARL P.			Patient ID: 057-38-2448			
5/18/94	87.00	81.00		560	4/17/94	4/18/94
DX: 271.3						
>>>Check # 11887576 Date Paid: 6/20/94<<<						
>>>Amount paid altered to \$83.00 on the Fee Payment Voucher document.<<<						

Output Menu

Veteran Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Patient:  SHEA,MICHAEL          06-12-55      606778899      SC
VETERAN

      **** Date Range Selection ****

Beginning DATE : 010194  (JAN 01, 1994)

Ending   DATE : 063094  (JUN 30, 1994)

Select FEE Program: ALL//  CIVIL HOSPITAL
Select another FEE Program: <RET>
DEVICE: HOME//  A100  CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80//  <RET>
```

Output Menu

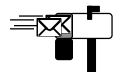
Veteran Payments Output

Example, cont.

VETERAN PAYMENT HISTORY						
=====						
			Page: 1			
			Date Range: 1/1/94 to 6/30/94			
Patient: SHEA,MICHAEL			Patient ID: 606-77-8899			
			FEE PROGRAM: CIVIL HOSPITAL			
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)						
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)						
Inv Date	Amount	Amount	Susp	Invoice	From	To
	Claimed	Paid	Code	Num	Date	Date
=====						
Vendor: DOOLY MEDICAL CENTER			Vendor ID: 777999098			
1/27/94	115.00	100.00	1	554	11/30/94	12/17/94
DX: 100.89						
PROC: 10.99						
>>>Check # 11887576 Date Paid: 2/20/94<<<						
>>> ANCILLARY SERVICE PAYMENTS <<<						
Svc Date	CPT Code	Amount	Amount	Susp	Batch	Invoice Voucher
		Claimed	Paid	Code	Num	Num Date

Vendor: DOOLY MEDICAL CENTER			Vendor ID: 777999098			
+4/5/94	12018	35.00	35.00U	00369	556	
Primary Dx:			S/C Condition? NO			Obl.#: C35001
>>>Check cancelled on: 6/3/94 Reason: WRONG PAYEE<<<						
Check WILL be re-issued.						

Generic Pricer Interface



This option generates MailMan messages with the data to be sent to Austin. You must be a member of the Non-VA Pricer (NVP) mail group to receive confirmation and daily reports.

Introduction

This option may be used to send a case to the Non-VA Hospital System (NVHS) Pricer system in Austin. The option does not require the patient to be in the FEE BASIS PATIENT file (#161), nor does it require the vendor to be in the FEE BASIS VENDOR file (#161.2). However, the vendor must have a Medicare ID number to be sent to the pricer.

The data that is sent will not be stored in the pricer database. Cases can be re-submitted. The intent of this option is to help eliminate any need for the use of FALCON.

Example

```

Want to select patient from DHCP Patient File? Yes// <RET>
Select PATIENT NAME: ABBOTT,JOHN A.          01-01-01      411010101P      NSC
VETERAN
Want to select a vendor from DHCP Fee Basis Vendor file? Yes// <RET>
Select FEE BASIS VENDOR NAME: GOOD TIME NURSING HOME      987561234
COMMUNITY NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS  01852-0123
      TEL. #: 45441477
Admission Date: T (AUG 04, 1993)
Discharge Date: T (AUG 04, 1993)
Admitting Authority: 17 PRESUMPTION OF SC      17.35(b)
Disposition Code: 5 TO ANOTHER TYPE OF FACILITY

Is this a Patient Reimbursement? No// <RET>
Payment by Medicare or Other Federal Agency? No// <RET>
Select ICD DIAGNOSIS: 401.1      BENIGN HYPERTENSION
...OK? YES// <RET>
Select ICD DIAGNOSIS: <RET>
Select ICD OPERATION/PROCEDURE: 89.69      CORONARY BLD FLOW MONIT
MONITORING OF CORONARY BLOOD FLOW
...OK? YES// <RET>
Select ICD OPERATION/PROCEDURE: <RET>
Billed Charges: 53
Amount Claimed: 53...
HMMM, JUST A MOMENT PLEASE...
Case sent to pricer.
    
```


Generic Pricer Interface

Example, cont.

Sample Mail Message

```

Subj: FEE NON-VA HOSP TO PRICER MESSAGE # 1  [#112091] 04 Aug 93 18:52  3
Lines
From: STELLA,KAREN H  in 'IN' basket.    Page 1
-----
P411010101 08041993500    21ABBOTT
JAM01011901001050000530000005300AV000000
Y
P411010101 08041993500    22006777N                                08041993MA4011
P411010101 08041993500    23                                           8969

Select MESSAGE Action: IGNORE (in IN basket)//

```

Queue Data for Transmission



FBAASUPERVISOR - required to access this option.



This option creates MailMan messages which contain the batch data to be transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Introduction

The Queue Data for Transmission option is used to transmit all payment and MRA batches to the Central Fee System in Austin. All pending MRAs are automatically batched and transmitted. Only payment batches released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Please refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Example

```
This option will transmit all Batches and MRA's ready to be transmitted to Austin
```

```
Are you sure you want to continue? No// Y
```

```
The following Batches will be transmitted:
```

```
918
```

```
926
```

```
938
```

```
...HMMM, I'M WORKING AS FAST AS I CAN...
```

Output Main Menu - CNH Roster Print

Introduction

The Roster Print option is used to print a list of Community Nursing Homes and currently admitted Fee Basis veteran patients.

Example

This option will print Nursing Home Rosters.

Are you sure you want to continue? No// YES

DEVICE: HOME// **CNH PRINTER** RIGHT MARGIN: 80// <RET>

Nursing Home Roster - 07/30/93			
VENDOR NAME		VENDOR ID	
VETERAN NAME	VETERAN ID	ADMIT DT	AUTH TO DATE

GOOD TIME NURSING HOME		987561234	
ABBOTT,JOHN A.	411-01-0101P	06/09/93	12/31/99
SUNNY ACRES		225447788	
CARDILLO,GEORGE X	012-67-8904	07/22/93	07/31/93
MOSS,JULIE S.	333-39-9991	07/28/93	07/31/93
SMITH,FRED X	330-56-9812	07/28/93	11/30/93

Output Main Menu - CNH Vendor Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor: GOOD TIME NURSING HOME          987561234  COMMUNITY NURSI
                   31 NOWHERE CIRCLE                (Awaiting Austin Approval)
                   LOWELL, MA  01852-0123      TEL. #:  45441477

**** Date Range Selection ****

Beginning DATE : 010194  (JAN 01, 1994)

Ending      DATE : T    (JUN 30, 1994)

Select FEE Program: ALL// CONTRACT NURSING HOME
Select another FEE Program: <RET>

DEVICE: HOME// CNH PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

**Output Main Menu - CNH
Vendor Payments Output**

Example, cont.

VENDOR PAYMENT HISTORY						
=====						
						Page: 1
						Date Range: 1/1/94 to 6/30/94
Vendor: GOOD TIME NURSING HOME			Vendor ID: 987561234			
FEE PROGRAM: CONTRACT NURSING HOME						
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)						
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)						
Inv Date	Amount	Amount	Susp	Invoice	From	To
	Claimed	Paid	Code	Num	Date	Date
=====						
Patient: ABBOTT,JOHN A.			Patient ID: 411-01-0101P			
1/11/94	800.00	.00		105	11/5/93	11/15/93
Patient: KIRKER,DENNIS			Patient ID: 019-40-9130			
5/18/94	900.00	800.00	4	305	4/17/94	4/18/94
>>>Check # 11887576 Date Paid: 6/20/94<<<						
>>>Amount paid altered to \$800.00 on the Fee Payment Voucher document.<<<						

Output Main Menu - CNH Veteran Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Patient:  KIRKER,DENNIS          02-22-22      019409130      SC VETERAN
**** Date Range Selection ****

Beginning DATE :  8/1/94   (AUG 01, 1994)

Ending    DATE :  8/30/94  (AUG 30, 1994)

Select FEE Program: ALL//  CONTRACT NURSING HOME
Select another FEE Program: <RET>

DEVICE: HOME//  CNH PRINTER  Decnet      RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  <RET>  (NO)
```

Output Main Menu - CNH **Veteran Payments Output**

Example, cont.

VETERAN PAYMENT HISTORY							
=====							
Patient: KIRKER,DENNIS				Patient ID: 019-40-9130			
FEE PROGRAM: CONTRACT NURSING HOME							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT-MOD	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Vendor: GOOD TIME NURSING HOME				Vendor ID: 987561234			
8/17/94	90040-20	800.00	800.00U		00035	236	
Primary Dx:				S/C Condition? YES Obl.#: C33003			
>>>Check # 11887576 Date Paid: 9/20/94<<<							
8/15/94	90040-20	650.00	650.00U		00035	254	
Primary Dx:				S/C Condition? YES Obl.#: C33003			
>>>Check # 13999976 Date Paid: 9/15/94<<<							
Select Fee Patient:							

Payment Main Menu - CNH

Delete Inpatient Invoice



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Delete Inpatient Invoice option is used to delete invoices entered in error. The selected invoice must be in a batch that has not been released for payment.

Example

```
Select FEE BASIS BATCH NUMBER: 36          C33003

Select Invoice to delete: 20

                                INVOICE DISPLAY
                                =====

Patient: ABBOTT,JOHN A.          Patient ID: 411-01-0101P
                                FEE PROGRAM: CONTRACT NURSING HOME
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Inv Date      Amount      Amount  Susp  Invoice  From      To
              Claimed     Paid    Code   Num     Date     Date
=====
Vendor: GOOD TIME NURSING HOME      Vendor ID: 987561234
06/09/93          94.00      94.00        20    06/09/93  06/30/93
Associated 7078: C33003.0003
Batch #: 36                      Date Finalized:

Sure you want to delete this invoice? No// Y YES
.... deleting!
```


Update Vendor Contract/Rates - CNH

Introduction

This option allows you to enter/edit Community Nursing Home vendor contracts and rates. It can be used to add new contract numbers, effective dates, expiration dates, and nursing home rates for the selected vendor; or to edit the data currently on file. You cannot add a new vendor with this option.

Since Fee Basis nursing home rates may be negotiated per patient, you may enter an unlimited number of rates per contract at the "Enter Nursing Home Rate:" prompt. (Refer to Appendix D for more information about multiple rates.) This prompt will repeat until you enter an up-arrow <^>, which will return you to the "Select FEE BASIS VENDOR NAME:" prompt.

Example

```
Select FEE BASIS VENDOR NAME: SUNNY ACRES          225447788  COMMUNITY NUR
                             1616 SHADY LN
                             TACOMA, WA  98506

Select FEE BASIS CNH CONTRACT NUMBER: 500-CNH-01-94
ARE YOU ADDING '500-CNH-01-94' AS
  A NEW FEE BASIS CNH CONTRACT? Y  (YES)
  FEE BASIS CNH CONTRACT EFFECTIVE DATE: 010194  (JAN 01, 1994)
  FEE BASIS CNH CONTRACT EXPIRATION DATE: 053194  (MAY 31, 1994)
NUMBER: 500-CNH-01-94// <RET>
EFFECTIVE DATE: JAN 1,1994// <RET>
EXPIRATION DATE: MAY 31,1994// <RET>

Enter Nursing Home Rate: 22

Enter Nursing Home Rate: 28

Enter Nursing Home Rate: 34

Enter Nursing Home Rate: ^

Select FEE BASIS VENDOR NAME:
```

Vendor Enter/Edit



Version 3.5 Changes:

FAX NUMBER: - allows you to enter a FAX number for the vendor.



Patch FB*3.5*9 Changes: New Prompts:

BUSINESS TYPE (FPDS): Business type for FPDS reporting purposes.

Select SOCIOECONOMIC GROUP (FPDS): Socioeconomic group for FPDS reporting purposes. More than one value can be entered at this prompt.



FBAE ESTABLISH VENDOR - required to enter a new or edit an existing vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. This option is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status or Awaiting Austin Approval.

WARNING: If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Example

```
Select FEE BASIS VENDOR NAME: SHADES OF GRAY NURSING HOME
Are you adding 'SHADES OF GRAY NURSING HOME' as
a new FEE BASIS VENDOR (the 1321ST)? No// Y (Yes)
FEE BASIS VENDOR ID NUMBER: 977788666
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
FEE BASIS VENDOR PART CODE: 5 COMMUNITY NURSING HOME 05
FEE BASIS VENDOR CHAIN: <RET>
NAME: SHADES OF GRAY NURSING HOME Replace <RET>
ID NUMBER: 977-78-8666// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): L LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS): LW WOMAN-OWNED LARGE BUSINESS
Are you adding 'LW' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No// Y
(Yes)
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER 083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 2/1 (FEB 01, 1999)
Select FEE BASIS CNH CONTRACT NUMBER: <RET>
```

Vendor Enter/Edit

Example, cont.

```
***  VENDOR DEMOGRAPHICS  ***
      ==> AWAITING AUSTIN APPROVAL <==

      Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
      Address: 222 BLOOMING GROVE DR          Specialty:
      City:  TROY                                Type: OTHER
      State:  NEW YORK                          Participation Code: COMMUNITY NURSING
      HOM
      ZIP: 12180                                Medicare ID Number: 777555
      County: RENSSELAER                        Chain:
      Phone: 518-555-1234
      Fax: 518-555-1200
      Type (FPDS): LARGE BUSINESS              Group (FPDS): WOMAN-OWNED LARGE
      BUS
      Austin Name:
      Last Change                                Last Change
      TO Austin:                                FROM Austin:
      Enter RETURN to continue or '^' to exit: <RET>
```

```
Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
      >>> CNH INFORMATION <<<

      Total Beds: 100                          Inspected/Accredited: Inspect. & Accred.
      Want to edit data? No// <RET> NO
      Select FEE BASIS VENDOR NAME:
```

SECTION 3

MEDICAL FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Medical Fee Main Menu.

BATCH MAIN MENU

ACTIVE BATCH LISTING BY STATUS - prints active batches for one, many, or all batch statuses. The output is sorted alphabetically by batch status, and excludes all batches with a status of **VOUCHERED**.

BATCH DELETE - allows the user who opened a batch, or any user who holds the **FBAASUPERVISOR** security key, to delete a batch from the system.

BATCH STATUS FOR A RANGE OF BATCHES - allows you to enter a range of batches and list the current status, obligation number, and Fee Program.

CLOSE OUT BATCH - closes a Fee Basis batch. Once a batch is closed, no further payments may be added to it, and travel dollars and payment line count are tabulated.

DISPLAY OPEN BATCHES - allows you to display a list of all Fee Basis batches which have an **OPEN** status.

EDIT BATCH DATA - allows you to edit **DATE BATCH OPENED** and **OBLIGATION NUMBER**.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

OPEN A BATCH - used to create and open a new Fee Basis batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which was previously closed, and has a batch status of **CLOSED**. This allows additional payments to be entered into the batch.

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

Overview

STATUS OF BATCH - displays all information available for the selected batch. If the batch status is OPEN, the only information available is date opened, clerk who opened, and batch type. If the batch status is CLERK CLOSED, the total dollars and payment line count are also displayed.

ENTER AUTHORIZATION - used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services.

OUTPUTS MAIN MENU

SUSPENSION LETTER PRINT - used to print the suspension letters that are sent to Fee Basis vendors.

INDIVIDUAL SUSPENSION LETTER PRINT - allows printing of suspension letters for an individual patient and/or vendor.

7079 PRINT FOR SELECTED PATIENT - used to print VA Form 10-7079, Request for Outpatient Services, for an individual veteran.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

DISPLAY ID CARD HISTORY FOR PATIENT - shows an ID Card history for a Fee Basis patient, including current ID card number and issue date. It also displays old card numbers, the reason for the change, and which user made the change.

GROUP 7079 PRINT - used to print VA Form 10-7079, Request for Outpatient Services for a specified date range.

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

OBSOLETE ID CARDS LIST - used to view a list of Fee Basis ID card numbers which have expired or have been deleted.

OUTPATIENT COST REPORT - generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Overview

PAYMENT HISTORY DISPLAY - displays eligibility, disabilities, insurance information, authorizations, and medical payment information for a patient.

POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be able to be recovered.

PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment by the Central Fee System in Austin and have not yet been re-initiated.

PSA OUTPUT REPORT - used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital, and community nursing home payments for a selected date range.

RBRVS FEE SCHEDULE COST COMPARISON – used to generate a report of the estimated savings or cost from implementation of the Medicare RBRVS fee schedule.

VALID ID CARDS LIST - used to view a list of Fee Basis ID card numbers which are currently in effect and have not expired.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

PAYMENT MENU

C&P/MULTIPLE PATIENT PAYMENT ENTRY - used to enter a Compensation & Pension payment to a vendor.

CALCULATE PAYMENT AMOUNT – used to calculate a fee schedule amount without having to enter a payment.

DELETE PAYMENT ENTRY - used to delete a payment transaction. You must be the user who entered the payment.

EDIT PAYMENT - used to edit data for a previously entered medical fee payment.

ENTER PAYMENT - used to enter or edit a medical payment to a vendor.

Overview

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

MULTIPLE PAYMENT ENTRY - used to enter identical medical payments for a specific patient and vendor (only the date of service may differ).

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate items that have been rejected by the Central Fee System and assign them to a new batch.

REIMBURSEMENT PAYMENT ENTRY - used to enter a reimbursement payment to a veteran for medical services when the veteran has paid the vendor directly.

TRAVEL PAYMENT ONLY - used to enter, edit, or delete a travel payment for a Fee Basis patient.

REGISTRATION MENU

AUTHORIZTION DISPLAY - used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

FEE PATIENT INQUIRY - used to display patient demographics and Fee Basis Authorizations.

PRINT REPORT OF CONTACT - generates a hard copy of a Fee Basis Patient Report of Contact in the format of VA FORM 119.

REPORT OF CONTACT - used to record contact between a vendor and the medical center or edit an existing Report of Contact.

SUPERVISOR MAIN MENU

ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200) when an Unauthorized Claim is submitted by another party (i.e., not the veteran or the vendor) whose name and address need to be entered.

CLERK LOOK-UP FOR AN AUTHORIZATION - allows the holder of the FBAASUPERVISOR security key to look up the last user to enter and/or edit a selected authorization.

DELETE REJECT FLAG - used to delete the reject flag previously entered for selected items in a batch, or for all items in a batch.

Overview

EDIT PHARMACY INVOICE STATUS - used to change the status of a pharmacy invoice.

ENTER/EDIT SUSPENSION LETTERS - used to enter a new suspension letter into the system, or edit an existing letter.

FEE SCHEDULE MAIN MENU

ADD/EDIT FEE SCHEDULE - used to enter a CPT code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid value in the Outpatient Medical program.

COMPILE FEE SCHEDULE - compiles the Fee Schedule data based on a specified date range.

PRINT FEE SCHEDULE - prints a report of the Fee Schedule for a specified fiscal year.

FINALIZE A BATCH - used to reject certain payment items and finalize the batch as correct.

LIST BATCHES PENDING RELEASE - displays batches that have been closed, but not yet finalized, by the supervisor.

MRA MAIN MENU

VENDOR MRA MAIN MENU

UPDATE FMS VENDOR FILE IN AUSTIN - creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin. Use of this option should update the FMS VENDOR file to reflect what is currently in the DHCP system. Information at all other VA Medical Centers using this vendor will also be updated.

DELETE VENDOR MRA - used to transmit a delete MRA transaction whenever a vendor becomes inactive, or cancels Fee Basis care.

REINSTATE VENDOR MRA - used to reactivate a vendor formerly in DELETE status.

Overview

MRA'S AWAITING AUSTIN APPROVAL - generates an output of the vendors that have an MRA action pending, and are still Awaiting Austin Approval.

VETERAN MRA MAIN MENU

ADD TYPE VETERAN MRA - creates an Add type Veteran MRA transaction to be sent to the centralized Fee System in Austin, which results in the creation of a new Patient entry in the CENTRAL PATIENT file.

CHANGE TYPE VETERAN MRA - creates a Change type patient MRA to be sent to the centralized Fee System in Austin, which changes the Patient Master Record on that system.

DELETE TYPE VETERAN MRA - creates a delete type patient MRA transaction, which deletes that Patient Master Record in the centralized Fee System in Austin.

REINSTATE TYPE VETERAN MRA - creates a Reinstate type patient MRA transaction, which reinstates a previously deleted patient in the centralized Fee System in Austin.

Use of the following two options changes the VETERAN MASTER file in Austin.

RE-TRANSMIT MRA'S - used to retransmit previously transmitted MRA's for a specific date. Veteran and Vendor MRAs are kept on file until the purge option is used to delete them. This option should be used in instances when, for some reason, Austin did not receive transmissions.

PURGE TRANSMITTED MRAS - used to purge all veteran and vendor MRAs on file in Austin which are PRIOR to the date specified. It should be used only after it is known that Austin has accepted your MRA transmissions. Once this option is run, you will not be able to re-transmit the purged MRAs.

PRICER BATCH RELEASE - used by the supervisor to review payments for contract hospital and mark them for transmission to the Austin Pricer for grouping and price.

Overview

PRINT REJECTED PAYMENT ITEMS - used to print those items which have been rejected for payment by the Central Fee System and have not yet been re-initiated.

QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Fee Basis payments and MRA's to Austin via electronic mail. The FBAASUPERVISOR security key is required to access this option.

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected items and assign them to a new Batch.

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

REQUEST INFO FILE ENTER/EDIT - used to enter/edit data in the FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (# 162.93).

SITE PARAMETER ENTER/EDIT - used to enter/edit the site specific Fee Basis parameters. After one entry you may only edit and not add a second entry.

VOID PAYMENT MAIN MENU

CH DELETE VOID PAYMENT - searches all finalized CH payments that contain a VOID status for a specified patient and vendor. It provides a list of voided payments from which they may choose to cancel the void on one, many, or all.

CH VOID PAYMENT - searches all finalized CH payments that do not contain a VOID status for a specific patient and vendor. It provides a list of payments from which they may choose to void one, many, or all.

CNH DELETE VOID PAYMENT - searches all finalized CNH payments that contain a VOID status for a specific patient and vendor. It provides users with a list of voided payments from which they may choose to cancel the void on one, many, or all.

CNH VOID PAYMENT - searches all finalized CNH payments that do not contain a VOID status for a specific patient and vendor. It provides users with a list of payments from which they may choose to void one, many, or all.

MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the

Overview

appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.

MEDICAL VOID PAYMENT - allows the Fee Supervisor to void a payment that has already been finalized. It is useful when a check is returned by a vendor. It allows the Fee Supervisor to retain the payment history but flag the payment void(#). The dollars for the payment must be added back into the appropriate obligation using the appropriate IFCAP option.

PHARMACY DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP obligation.

PHARMACY VOID PAYMENT - allows the Fee Supervisor to void a payment to a Pharmacy vendor that has already been Finalized. Using this option, you can void the payment, but retain the payment history. The dollar amount must be added back to the obligation using the appropriate IFCAP option.

TERMINATE ID CARD - used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

VENDOR MENU

DISPLAY,ENTER,EDIT DEMOGRAPHICS - used to display vendor demographics, enter a new vendor into the system, or edit data on an existing vendor.

FPDS-ONLY VENDOR EDIT – used to edit the FPDS data fields of an existing vendor.

LIST VENDORS WITHOUT FPDS DATA – used to lists vendors that do not have a BUSINESS TYPE (FPDS) entered.

PAYMENT DISPLAY FOR PATIENT - used to view the payment record of a patient with a specific vendor.

PAYMENT LOOK-UP FOR MEDICAL VENDOR - used to view the payment history of a medical vendor for a specified time frame.

PHARMACY VENDOR PAYMENT LOOK-UP - used to view the payment history of a pharmacy vendor for a specified time frame.

Batch Main Menu

Active Batch Listing by Status

Introduction

The Active Batch Listing by Status option is used to view or print a list of batches according to their current status. You can include one, many, or all of the following statuses.

CLERK CLOSED
 SUPERVISOR CLOSED
 OPEN
 TRANSMITTED
 FORWARDED TO PRICER
 ASSIGNED PRICE
 REVIEWED AFTER PRICER

Example

```

Do you want to print ALL Fee Basis Batch Status':  No// <RET>

  Select one of the following:

      C      CLERK CLOSED
      S      SUPERVISOR CLOSED
      O      OPEN
      T      TRANSMITTED
      P      FORWARDED TO PRICER
      A      ASSIGNED PRICE
      R      REVIEWED AFTER PRICER

Select STATUS to print:  OPEN
Do you want to select another STATUS:  No// <RET>

DEVICE:  HOME//      FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
  
```

STATUS OF BATCHES			

BATCH #	BATCH TYPE	DATE OPENED	CLERK
=====			
STATUS: OPEN			
16	MEDICAL & STAT PAYMENTS	05/24/93	MARTIN,DENNIS
24	MEDICAL & STAT PAYMENTS	05/28/93	STELLA,KAREN H
25	CH/CNH	05/28/93	MARTIN,DENNIS
26	HOMETOWN PHARMACY PAYMENTS	05/28/93	MARTIN,DENNIS
28	MEDICAL & STAT PAYMENTS	05/28/93	MARTIN,DENNIS
34	CH/CNH	06/03/93	STELLA,KAREN H

Batch Main Menu

Active Batch Listing by Status

Example, cont.

35	MEDICAL & STAT PAYMENTS	06/08/93	ALLEN, MARCUS
36	CH/CNH	06/09/93	STELLA, KAREN H
Press RETURN to continue or '^' to exit: <RET>			

STATUS OF BATCHES			

BATCH #	BATCH TYPE	DATE OPENED	CLERK
=====			
37	MEDICAL & STAT PAYMENTS	06/11/93	STELLA, KAREN H
39	MEDICAL & STAT PAYMENTS	06/11/93	ALLEN, MARCUS
42	TRAVEL PAYMENTS	06/24/93	ALLEN, MARCUS
48	MEDICAL & STAT PAYMENTS	06/25/93	MARTIN, DENNIS
52	HOMETOWN PHARMACY PAYMENTS	06/25/93	ALLEN, MARCUS
54	TRAVEL PAYMENTS	06/25/93	STELLA, KAREN H
55	HOMETOWN PHARMACY PAYMENTS	06/25/93	STELLA, KAREN H
56	HOMETOWN PHARMACY PAYMENTS	06/25/93	STELLA, KAREN H
64	MEDICAL & STAT PAYMENTS	07/07/93	ALLEN, MARCUS
65	CH/CNH	07/08/93	STELLA, KAREN H
67	CH/CNH	07/08/93	STELLA, KAREN H
73	CH/CNH	07/30/93	ALLEN, MARCUS
77	CH/CNH	08/13/93	MARTIN, DENNIS

Batch Main Menu

Batch Delete



FBAASUPERVISOR - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
Select FEE BASIS BATCH NUMBER: 184          C93999

NUMBER: 184                                OBLIGATION NUMBER: C93999
TYPE: MEDICAL PAYMENTS                     DATE OPENED: DEC 14, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN          STATION NUMBER: 500

STATUS: OPEN

Sure you want to DELETE this batch? No// YES

Batch Deleted.

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Batch Status for a Range of Batches

Introduction

This option is used to generate a Fee Basis Batch List for a range of batch numbers. If you accept the default of FIRST as the start number, all batches will be included.

Example

```
Select Batch Main Menu Option:  BATCH status for a Range of Batches

ENTER BATCH NUMBER RANGE:
-----
START WITH NUMBER: FIRST// <RET>
DEVICE:  FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

Sample Output

FEE BASIS BATCH LIST                                MAY  7,1993  16:21    PAGE 1
BATCH  OBLIGATION
NUMBER  NUMBER      FEE PROGRAM                      STATUS
-----
1      C90234      MEDICAL & STAT PAYMENTS    OPEN
4      C89211      MEDICAL & STAT PAYMENTS    SUPERVISOR CLOSED
```


Batch Main Menu

Close-out Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Medical and Travel batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

Batch Main Menu

Close-out Batch

Example

```

Select FEE BASIS BATCH NUMBER: 39          C33003
Want to review batch? NO// YES

Patient Name ('*' Reimbursement to Patient  '+' Cancellation Activity)
      ('#' Voided Payment)                Batch #  Voucher Date
      Vendor Name                        Vendor ID Invoice #    Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
ACKERLEY,DENNIS                078-46-0348          39
WELBY,MARCUS MD                987650000      169      9/29/93
  9/2/93      90040          12.00      12.00      OFFICE/OP VISIT, EST, BRIEF

JONES,JOHN                    666-46-1234          39
TROY MEDICAL GROUP            987650000      169      9/20/93
  8/29/93    10080-20      20.00      20.00      DRAINAGE OF PILONIDAL CYST

              Invoice #: 169    Totals: $ 32.00
Do you still want to close Batch? YES// <RET>

NUMBER: 39                      OBLIGATION NUMBER: C33003
TYPE: MEDICAL PAYMENTS          DATE OPENED: JUN 11, 1993
CLERK WHO OPENED: KENDRICK,GAYE G  STATION NUMBER: 500
TOTAL DOLLARS: 32               PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JAN 10, 1995

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:
  
```

Batch Main Menu

Display Open Batches

Introduction


This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	MARTIN,MICHAEL	C33003
26	Pharmacy	05/28/93	MARTIN,MICHAEL	C93004
28	Medical	05/28/93	MARTIN,MICHAEL	C33003
33	Medical	06/02/93	STELLA,KAREN H	C33003
34	CH/CNH	06/03/93	STELLA,KAREN H	C33003
35	Medical	06/08/93	STELLA,KAREN H	C33003

Batch Main Menu

Edit Batch data

 FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```
Select FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
 10      C90234
 11      C90234
 13      C89622
 14      C89211
 15      C89622
 16      C93999
'^' TO STOP: ^

Select FEE BASIS BATCH NUMBER: 1          C90234
Obligation Number:  C90234// <RET>
Do you want to change the Obligation Number? No// Y  YES
Select Obligation Number:  ??

CHOOSE FROM:
 500-C89211  --  1358  Obligated - 1358
                   FCP: 020      $ 4800
 500-C89621  --  1358  Ordered and Obligated
                   FCP: 999      $ 80000
 500-C89622  --  1358  Obligated - 1358
                   FCP: 020      $ 80000
 500-C89699  --  1358  Transaction Complete
                   FCP: 020      $ 30000
Select Obligation Number:  C89621  500-C89621  --  1358  Ordered and Obligated
                   FCP: 999      $ 80000
NUMBER: 1//  (No Editing)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

Batch Main Menu

List Items in Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
Select FEE BASIS BATCH NUMBER: 4          C89621
DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                Batch #  Voucher Date
Vendor Name
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
PABON,PETER                                067-34-7404          4          6/4/93
SIRCO,LUCIO,MD                            345345345          38          5/27/90
5/20/90    10160          45.00      12.11      4    PUNCTURE DRAINAGE OF LESION

              Invoice #: 38    Totals: $ 12.11

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Open a Batch



When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Medical batch. To enter, edit, or delete payment data in these batches, use the options in the Payment Menu.

The "Select CONTROL POINT:" prompt appears only if you are an authorized user for multiple control points.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, and you will return to the menu.

Example

```
Select Batch Main Menu Option: OPEN a Batch
Want to create a Medical batch? YES// <RET>

Medical Batch number assigned is: 190

ARE YOU ADDING '190' AS A NEW FEE BASIS BATCH (THE 78TH)? Y (YES)
Select CONTROL POINT: 20 020 FEE
Select Obligation Number: 500-C89211 -- 1358 Obligated - 1358
FCP: 020 $ 4800
```

Batch Main Menu

Re-open Batch



FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

Example

```
Select FEE BASIS BATCH NUMBER: 173          C89621

NUMBER: 173                                OBLIGATION NUMBER: C89621
  TYPE: MEDICAL PAYMENTS                     DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN           STATION NUMBER: 500
TOTAL DOLLARS: 876                          PAYMENT LINE COUNT: 8
STATUS: OPEN

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Release a Batch



When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.



FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

Example

Select FEE BASIS BATCH NUMBER: 276 C15004

NUMBER: 276	OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS	DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER, BARBARA	STATION NUMBER: 500
TOTAL DOLLARS: 10	PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993	

STATUS: CLERK CLOSED

Want line items listed? NO// **y** YES

Batch Main Menu

Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                               Vendor ID  Invoice #    Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
MILLER,KERRY                                321-65-4987          276
SIRCO,JOSEPH                                111222333          493          6/21/93
  5/22/93    90020          10.00          5.00    4  OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

CHABOT,JOHN                                456-43-5678          276
PUCK,HENRY                                567895411          495          6/21/93
*  5/1/93    90020          5.00          5.00          OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00
Do you want to Release Batch as Correct? NO// y  YES

NUMBER: 276                                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS                     DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER,BARBARA          STATION NUMBER: 500
TOTAL DOLLARS: 10                          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993            DATE SUPERVISOR CLOSED: JUN 23, 1993
SUPERVISOR WHO CERTIFIED: GRAY,MARY ELLEN

STATUS: SUPERVISOR CLOSED

Batch has been Released!

```

Batch Main Menu

Status of Batch

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

Batch Main Menu
Status of Batch

Example

```
Select Batch Main Menu Option: STATUS of Batch

Select FEE BASIS BATCH NUMBER: 173                C89621

DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

NUMBER: 173                OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS    DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN    STATION NUMBER: 500
TOTAL DOLLARS: 125                PAYMENT LINE COUNT: 1

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

Enter Authorization

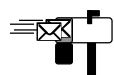


The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.



FBAA ESTABLISH VENDOR - required to enter new vendors.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Authorization option is used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services. Before you can enter a Fee Basis authorization, the selected patient must be registered, and must have an eligibility status of either VERIFIED or PENDING VERIFICATION.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A. Refer to Appendix A to see the prompts and steps involved when adding new insurance data and reporting discrepancies to MCCR.

The PURPOSE OF VISIT CODE and TREATMENT TYPE CODE are required fields. Please refer to M-1, Part I, Chapter 18, for a detailed explanation of valid code entries.

Enter Authorization**Example**

```

Select PATIENT NAME:  MOSS,JULIE S.      05-10-57      333399991      MILITARY
RETIREE  MOSS,JULIE S.                      Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS                      DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                           TEL: Not on File
NEW YORK 10003                             CLAIM #: Not on File
                                           COUNTY: NEW YORK

Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

Service-connected: NO
Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

```

Patient Name: MOSS,JULIE S.                      Pt.ID: 333-39-9991

Select FROM DATE: JUN 1,1993
FROM DATE: JUN 1,1993// <RET>
TO DATE: DEC 31,1994
PRIMARY SERVICE FACILITY: NEW YORK, NY
PURPOSE OF VISIT CODE: OPT - SC 50% OR MORE
PATIENT TYPE CODE: ?
CHOOSE FROM:
    00      SURGICAL
    10      MEDICAL
    60      HOME NURSING SERVICE
    85      PSYCHIATRIC-CONTRACT
    86      PSYCHIATRIC
    95      NEUROLOGICAL-CONTRACT
    96      NEUROLOGICAL
PATIENT TYPE CODE: 85  PSYCHIATRIC-CONTRACT
TREATMENT TYPE CODE: I.D.  CARD STATUS
DX LINE 1: PTSD
DX LINE 2: <RET>
AUTHORIZATION REMARKS:
1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option: <RET>
TYPE OF CARE: OPT SC

```

Enter Authorization

Example, cont.

```
VENDOR: <RET>
ACCIDENT RELATED (Y/N): N no
POTENTIAL COST RECOVERY CASE (Y/N): N no
PRINT AUTHORIZATION (Y/N): YES// <RET>
FEE ID CARD NUMBER: 7315264
FEE ID CARD ISSUE DATE: JUN 1,1993

Want to Print 7079 for this patient now? No// YES

    This report produces a 132 character output.

QUEUE TO PRINT ON
DEVICE: HOME// A138-16/6/UP 7079 PRINTER          RIGHT MARGIN: 132// <RET>

Requested Start Time: NOW// <RET> (DEC 31, 1994@09:32:15)
REQUEST QUEUED
Task #: 36849

Select PATIENT NAME:
```

Enter Authorization**Example, cont.**

Department of Veterans Affairs						ID Card Number: 7315264
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
JULIE S. MOSS	333399991	FROM: 06/01/93 TO: 12/31/94				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/01/93	PTSD				
Name and Address of Fee Participant		AUTHORIZATION #: 7170335-30				
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION			(11) CODE		(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208			ID CARD STATUS - 3		FEMALE	
					(13) POW	
					NO	
TELEPHONE: 563-7788 OR 456-7766			APPROVED BY (Name and Title)		(KHS)	
			HOWARD HUGHS CENTER DIRECTOR			
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
VA Form 10-7079						Date Printed: 06/29/93

Outputs Main Menu

Suspension Letter Print



The output must now be queued to a printer.

New Prompt:

Print Denials only? - allows you to print only denial letters instead of all suspension letters.

Introduction

This option is used to print suspension letters that are sent to Fee Basis vendors to explain why the VA paid only a portion of the amount the vendor billed, and why the unpaid balance was suspended. You may print the letters for one, several, or all Fee Basis Programs, and for a specific letter and suspension code(s).

Example

```
**** Date Range Selection ****
Beginning DATE : 1/1 (JAN 01, 1994)

Ending DATE : t (DEC 11, 1994)

Print Denials only? No// <RET>
Do you want to print letters for ALL Fee Basis programs? No// <RET>
Select one of the following:
    I      INPATIENT PAYMENT
    O      OUTPATIENT PAYMENT
    P      PHARMACY PAYMENT
    C      CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for: ouTPATIENT PAYMENT
Do you want to choose another Program? No// <RET>
Select FEE BASIS LETTER NAME: unauth
    1      UNAUTHORIZED DISPOSITION
    2      UNAUTHORIZED REQUEST INFO
CHOOSE 1-2: 1
For All Suspension codes? YES// <RET>

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB] TILASER          RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 11, 1994@11:10:06)
REQUEST QUEUED
Task #: 273864
```


Outputs Main Menu

Suspension Letter Print

Example, cont.

MARK COOPER					December 11, 1994	
1 MAIN ST						
CLARKSVILLE NY 12043						
Your unauthorized claim has been reviewed. The following decision has been made:						
PATIENT NAME	SSN	SVC	CPT-	AMT	AMT	
REASON FOR SUSPENSION		DATE	MOD	CLAIMED	PAID	
=====						
NAUSET,JOHN	409129012	9/2/94	99243-77	51.00	32.00	
Charge exceeds maximum amount payable in accordance with VA policy.						
DAVIS,DANIEL	421761320	5/2/94	90050-76	60.00	50.00	
Charge exceeds maximum amount payable in accordance with VA policy.						
You have the right to appeal the decision. You must respond within the appropriate time frame.						
H.P. TYLER						
Medical Center Director						

Outputs Main Menu

Individual Suspension Letter Print



NEW OPTION

Introduction

This option allows printing of suspension letters for an individual patient and/or vendor. You can include one, several or all Fee Basis programs and/or suspension codes. Suspension letters may be entered/edited through the Enter/Edit Suspension Letters option.

This output must be queued to a printer.

Example

```
Select Patient (or RETURN to select all): <RET>

Select Vendor (or RETURN to select all): SAMARITAN HOSPITAL

**** Date Range Selection ****
  Beginning DATE : 12/1  (DEC 01, 1994)

  Ending    DATE : t   (DEC 13, 1994)

Print Denials only? No// <RET>
Do you want to print letters for ALL Fee Basis programs? No// <RET>

  Select one of the following:

      I      INPATIENT PAYMENT
      O      OUTPATIENT PAYMENT
      P      PHARMACY PAYMENT
      C      CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for: outpatient PAYMENT
Do you want to choose another Program? No// <RET>
Select FEE BASIS LETTER NAME: unauthorized disposition
For All Suspension codes? YES// <RET>

QUEUE TO PRINT ON
DEVICE: HOME// a138-10/6/UP  FEE BASIS PRINTER  RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 13, 1994@10:20:52)
REQUEST QUEUED
Task #: 33237
```

Outputs Main Menu

Individual Suspension Letter Print

Example, cont.

SAMARITAN HOSPITAL 31 NOWHERE CIRCLE LOWELL MA 01852-0123				December 13, 1994	
We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:					
PATIENT NAME	SSN	SVC	CPT-	AMT	AMT
REASON FOR SUSPENSION		DATE	MOD	CLAIMED	PAID
=====					
DENNIS KIRKER	019401234	10/7/94	D0110	83.00	82.00
Charge exceeds maximum amount payable in accordance with VA policy.					
JOHN ASTIN	097143307	11/10/94	10080	90.00	80.00
Medical service/Rx was provided for condition which is not authorized at VA expense.					
RALPH JOHNS	123121234	11/12/94	10080-20	60.00	50.00
Fees for service previously processed. If payment not received, notify Fiscal Service.					
If you do not agree with the decision you have the right to appeal. Your appeal rights should be attached for your review, if your claim was not approved.					
Should you have any questions regarding this letter, feel free to contact us at the VA Medical Center. Thank you for your cooperation.					
Sincerely,					
JOHN J. JONES Medical Center Director					

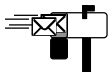
Outputs Main Menu

7079 Print for Selected Patient



The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The 7079 Print for Selected Patient option is used to print VA Form 10-7079, Request for Outpatient Services, for a selected veteran. Before you use this option, the authorization must be entered into the system. Refer to the Enter Authorization section of this manual to see how this is done.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Select Patient: MOSS,JULIE S.      05-10-57      333399991      MILITARY RETIREE
MOSS,JULIE S.                      Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS             DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                  TEL: Not on File
NEW YORK 10003                      CLAIM #: Not on File
                                      COUNTY: NEW YORK
Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

Service-connected: NO
Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
```

Outputs Main Menu

7079 Print for Selected Patient

Example, cont.

```

Health Insurance: YES
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
AETNA              9487593465      49051456    SELF    1/1/94    12/31/94
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

Fee ID Card #: 7315264                      Fee Card Issue Date: 06/01/93

Patient Name: MOSS,JULIE S.                  Pt.ID: 333-39-9991

AUTHORIZATIONS:
  (1) FR: 06/01/93      VENDOR: Not Specified
      TO: 12/31/94
      Authorization Type: Outpatient - ID Card
      Purpose of Visit: OPT - SC 50% OR MORE
      DX: PTSD
      County: NEW YORK      PSA: NEW YORK, NY

      REMARKS:
        GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X
        WEEK
Is this the correct Authorization period (Y/N)? Yes// <RET>

      This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 132//  <RET>

REQUESTED START TIME: NOW//  <RET>
REQUEST QUEUED!
Task #: 36849

```

Section 3 - Medical Fee Main Menu

Outputs Main Menu 7079 Print for Selected Patient

Example, cont.

Department of Veterans Affairs REQUEST FOR OUTPATIENT SERVICES						ID Card Number: 7315264
(1) Veterans Name JULIE S. MOSS	(2) ID Number 333399991	Period of Validity FROM: 06/01/93 TO: 12/31/94				
(3) ADDRESS 500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	DATE OF ISSUE 06/01/93	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY) PTSD				
Name and Address of Fee Participant		AUTHORIZATION #: 7170335-30				
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE 36	(6) COUNTY CODE 061	(7) TYPE OF PATIENT 85	(8) YEAR OF BIRTH 57	(9) WAR 9	(10) PURPOSE 10	
STATION OF JURISDICTION Veterans Administration 128 HOLLAND AVE ALBANY NY 12208			(11) CODE ID CARD STATUS - 3		(12) SEX FEMALE	(13) POW NO
TELEPHONE: 563-7788 OR 456-7766			APPROVED BY (Name and Title) HOWARD HUGHES CENTER DIRECTOR (KHS)			
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
VA Form 10-7079					Date Printed: 06/29/93	

Outputs Main Menu

Check Display



NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                                PAYMENT HISTORY FOR CHECK # 69243230
                                -----
                                Page: 1

                                FEE PROGRAM:  OUTPATIENT
('' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-   Amount      Amount      Susp Batch      Invoice
            MOD    Claimed      Paid       Code  Number      Number
=====
VENDOR:  RODNEY ROGERS, M.D.                VENDOR ID:  324100000A

Patient:  ARBY,ROBERT                        Patient ID:  123-12-1234
  4/1/94   10020      5.00      5.00      363      541
    >>>Check # 69243230  Date Paid:  8/29/94<<<

Press RETURN to continue or '^' to exit:
```

Outputs Main Menu

Display ID Card History for Patient

Introduction

The Display ID Card History for Patient option shows the Fee Basis Identification Card history for an individual patient. A patient may have only one valid Fee ID Card number assigned at a given time.

Example

```
Select Outputs Main Menu Option: DISPLAY ID Card History for Patient
Select FEE BASIS PATIENT NAME:  ROSEN,ARTHUR      10-2-16      124689432
Patient:  ROSEN,ARTHUR                      SSN:  124-68-9432

      Current ID Card:  79876      Date Issued:  04/03/87

Date/Time Changed      Old Card #      Person Who Changed
Reason For Change
=====
04/15/86      3:58 PM      62398      MCGUIRE,MARGARET
LOST CARD
12/10/86      9:20 AM      65432      MCGUIRE,MARGARET
DOG CHEWED CARD
```


Outputs Main Menu

Group 7079 Print

Introduction

The Group 7079 Print option is used to print VA Forms 10-7079, Request for Outpatient Services, for a specified date range. Before you use this option, the authorization must be entered into the system (refer to the Enter Authorization section of this manual).

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Print 7079's for:

**** Date Range Selection ****

    Beginning Date : 1-1-94    (JAN 1, 1994)

    Ending    Date : 1-31-94   (JAN 31, 1994)

Want only those that have not yet been printed? YES//  NO

    This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 132//  <RET>

Requested Start Time: NOW//  <RET> (JUL 02, 1994@16:16:50)
REQUEST QUEUED
Task #: 34246
```

Section 3 - Medical Fee Main Menu

Outputs Main Menu Group 7079 Print

Example, cont.

Veterans Administration						ID Card Number: 7315264
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
JULIE S. MOSS	333399991	FROM: 01/31/94 TO: 01/31/94				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/29/93	ABDOMINAL MUSCLE DAMAGE				
Name and Address of Fee Participant		AUTHORIZATION #: 7168862-8				
AUTHORIZATION REMARKS						
WEEKLY VISITS						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION			(11) CODE		(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208			ID CARD STATUS - 3		FEMALE	
					(13) POW	
					NO	
TELEPHONE: 563-7788 OR 456-7766			APPROVED BY (Name and Title) (KHS)			
			HOWARD HUGHES CENTER DIRECTOR			
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
VA Form 10-7079				Date Printed: 06/29/93		

Outputs Main Menu

Invoice Display



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
Select Invoice Number:  45

Invoice Number: 45          Vendor Name: SECOND PATCH TEST
Date Received: 06/20/90
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE CPT-MOD  AMT CLAIMED  AMT PAID  CODE  BATCH NO. VOUCHER DATE
Other Suspension Description
=====
SMITH,VERN
 6/6/94  11971      $   25.00   $   10.00   1         10
SMITH,VERN
 6/10/94 10120      $   25.00   $   10.00   1         10
SMITH,VERN
 6/15/94 12005      $   25.00   $   10.00   1         10
Select Invoice Number:
```

Outputs Main Menu

Obsolete ID Cards List

Introduction

The Obsolete ID Cards List option is used to view a list of Fee Basis ID Card numbers which have expired or have been deleted. Reasons for deletion may include card lost or destroyed, veteran reestablished, etc. The list is shown in numerical order by ID card number.

Example

```

DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 132//  <RET>

REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!

Old Card Patient Name      Pt.ID      Change Date
Number
Reason For Change
=====
34567      LARKIN,DOUGLAS C.      444-45-5555      04/15/94
RE-ESTABLISH

65666      SYMARD,THOMAS A.      333-22-1111      01/08/94
CARD DESTROYED IN FIRE

3434343    FRANKLIN,MARILYN      888-12-7777      12/12/94
DOG CHEWED CARD

5555555    HARPER,JONATHAN      123-45-6789      02/10/94
LOST CARD

5910392    HOFFMAN,BENJAMIN      412-90-0009      03/31/94
EXPIRATION

```

Outputs Main Menu

Outpatient Cost Report

Introduction

The Outpatient Cost Report option generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Example

```

**** Date Range Selection ****

Beginning DATE : 070194  (JUL 01, 1994)
Ending    DATE : T  (JUL 21, 1994)

DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

```

OUTPATIENT COST REPORT 07/01/94 THROUGH 07/21/94 -----				
PATIENT NAME	PATIENT ID	TREATING SPECIALTY	CPT CODE	AMOUNT PAID
=====				
BACON, JOSEPH	4877	PSYCHIATRIC	ADDITIONAL CLEANSING	90.00
=====				
TOTAL PAYMENTS:	1	TOTAL PATIENTS:	1	
AVE. PAID FOR A PAYMENT:	90.00	AVE. PAID FOR A PATIENT:	90.00	

Outputs Main Menu

Payment History Display



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Payment History Display option is used to view all medical payment data for a selected patient. Payments are listed in inverse date order by service date.

Example

Select Fee Patient: **DAY,DENNIS**

DAY,DENNIS
129 BROWNDYKE ROAD
COHOES
NEW YORK 12901

Pt.ID: 409-12-9012
DOB: JUL 21,1950
TEL: 518-261-8911
CLAIM #: Not on File
COUNTY: COLUMBIA

Primary Elig. Code: NSC -- PENDING VERIFICATION JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO

Insurance Co.	Subscriber ID	Group	Holder	Effective	Expires
---------------	---------------	-------	--------	-----------	---------

Outputs Main Menu

Payment History Display

Example, cont.

```
=====
      No Insurance Information
Press RETURN to continue or '^' to exit: <RET>
```

```
Patient Name: DAY,DENNIS                      Pt.ID: 409-12-9012

AUTHORIZATIONS:
  (1) FR: 08/30/94      VENDOR: DOOLY MEDICAL CENTER - 777999098
      TO: 09/17/94
      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN
FED. HOSP. AT VA EXP.
      DX:
      County: COLUMBIA                      PSA: ALBANY, NY

      REMARKS:
        7078 DEFAULT AUTH SERVIC TEXT

Press RETURN to continue or '^' to exit: <RET>
```

```
Patient: DAY,DENNIS                      SSN: 409-12-9012
  ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
  (paid symbol: 'R' RBRVS 'F' 75th percentile 'C' contract 'U' U&C)
  Svc Date CPT-MOD      Amount      Amount      Susp      Batch Invoice Voucher
                        Claimed      Paid      Code      Num      Num      Date
=====
Vendor: DOOLY MEDICAL CENTER      Vendor ID: 777999098      Obl.#: C35001
+9/5/94      12018      5.00      5.00U      00369      556
  >>>Check cancelled on: 10/3/94      Reason: WRONG PAYEE<<<
      Check WILL be re-issued.

Vendor: DOOLY MEDICAL CENTER      Vendor ID: 777999098      Obl.#: C35001
+9/2/94      99243      11.00      2.00C      D      00369      555
  >>>Check # 11887576      Date Paid: 10/20/94<<<
  >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<

Vendor: DOOLY MEDICAL CENTER      Vendor ID: 777999098      Obl.#: C35033
10/12/94      10020-77      15.00      5.00F      1      00369      555
  >>>Check # 91060810      Date Paid: 11/3/94<<<
Select Fee Patient:
```

Outputs Main Menu

Potential Cost Recovery Report

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select Primary Service Facility: ALL// <RET>

**** Date Range Selection ****

Beginning DATE : 060194 (JUN 01, 1994)

Ending DATE : T (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
POTENTIAL COST RECOVERY REPORT
Division: 623 MUSKOGEE, OK
06/01/94 - 07/20/94
Page: 1
Patient: BACON,JOSEPH Patient ID: 106-10-4877 DOB: 03/22/14

('*' Represents Reimbursement to Patient '#' Represents Voided Payment)
=====

Health Insurance: YES
Insurance Co. Subscriber ID Group Holder Effective Expires
=====
BLUE CROSS BLUE 12345 SELF 1/1/94 12/31/94

FEE PROGRAM: OUTPATIENT

Svc Date CPT-MOD Amount Amount Susp Travel Batch Invoice Voucher
Claimed Paid Code Paid Num Num Date
=====
Vendor: MARCUS WELBY, MG Vendor ID: 987561234
04/18/94 11001 99.95 90.00 1 00004 2 07/20/94
Primary Dx: DICALC PHOS CRYST-H (712.14) S/C Condition? NO Obl.#: C89211
>>> Cost recover from insurance.
```


Outputs Main Menu

Print Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```

DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
  
```

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID  Invoice #    Date Rec'd.
SVC DATE    CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
Batch Number: 341      Voucher Date: 7/27/93  Voucherer: SIRCO,LUCIA

CHABOT,JOHN                                456-43-5678          341
MARCUS WELBY MD                                456765888          523          7/27/93
6/1/93      90010          52.00      52.00          OFFICE/OP VISIT, NEW, LTD
Reject Reason: DUPLICATE PAYMENT
Old Batch #: 341

Batch Number: 329      Voucher Date: 6/21/93  Voucherer: SIRCO,LUCIA
CHABOT,JOHN                                456-43-5678          329
BEN CASEY                                567895411          497          6/21/93
4/5/93      10080-20      75.00      75.00          DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR
Old Batch #: 329
  
```

Outputs Main Menu

PSA Output Report



New Prompt:

Select *FEE PROGRAM* - allows you to select which fee programs you wish to include.

Introduction

The PSA Output Report option is used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital and community nursing home payments for a selected time frame. This report may be run for one or all PSAs. One, several, or all Fee Programs may also be selected.

This report would be beneficial to a fee site that has not decentralized. The data could be used to bill other facilities for services rendered veterans from their PSAs.

Because this report may be lengthy, it is recommended that you queue it to print after normal hours.

Example

```
Do you want this report for all PSAs? YES// NO
PRIMARY SERVICE AREA: ALBANY, NY      NEW YORK      1      500
Select FEE PROGRAM: ALL// OUTPATIENT
Select another FEE PROGRAM: <RET>

**** Date Range Selection ****

Beginning DATE : 1/1 (JAN 01, 1994)

Ending DATE : T (DEC 11, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB] TILASER      RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 11, 1994@10:35:26)
REQUEST QUEUED
Task #: 273863
```

Outputs Main Menu

PSA Output Report

Example, cont.

OUTPATIENT MEDICAL PSA REPORT			
Patient Name		Obligation #	County Code
Invoice #	Amount Paid	Date Finalized	PSA
AREL, RON -5980		C35001	MANATEE
541	50	8/29/94	ALBANY, NY
CHABOT, JOHN -5678		C35001	RENSSELAER
518	75	7/20/94	ALBANY, NY
ABBOTT, ANTHONY -9031		C15003	SCHENECTADY
510	35	7/13/94	ALBANY, NY
RANDALL, WALTER-0748		C15003	ALBANY
508	40	7/13/94	ALBANY, NY
CASEY JOHN -1857		C35001	LEON
504	35	7/6/94	ALBANY, NY
Total Dollars spent by PSA for the dates of 1/1/94 to 12/11/94.			
PSA	TOTAL AMOUNT PAID		
ALBANY, NY	\$ 235		

TOTALS DOLLAR AMOUNT BY PSA FOR ALL SELECTED PROGRAMS	
For Date Range: 1/1/94 to 12/11/94	
PSA	TOTAL AMOUNT
ALBANY, NY	\$ 235

Outputs Main Menu

RBRVS Fee Schedule Cost Comparison



Patch FB*3.5*4 Changes: New Option.

Introduction

The RBRVS Fee Schedule Cost Comparison option generates a report of the estimated savings or cost from use of the RBRVS Fee Schedule during a user-specified date range. The Date Finalized field is used to select the payments. The results are grouped and reported by CPT CODE-CPT MODIFIER(S) values. Additional detail is printed when the output device supports 130 characters per line. The report columns are described below:

Total Occurrences: The count and total amount paid for all payments.

Payments at RBRVS: The count and total amount paid for payments whose amount paid is equal to the RBRVS fee schedule amount that was calculated during payment entry.

Estimated Payment if RBRVS was not used: This column is only displayed when the output device supports 130 characters per line. It displays what the system believes might have been paid if the RBRVS fee schedule had not been implemented. If the service is covered by the VA 75th Percentile Fee schedule, then the system assumes that payment would have been made at that amount. Otherwise, the system assumes that the amount claimed is usual & customary and would have been paid.

Est. Savings from RBRVS: The estimated payment amounts minus the actual RBRVS payment amounts. Negative values are shown in parenthesis.

Example

```
**** Date Range Selection ****  
  
Beginning DATE : 6/1/99 (JUN 01, 1999)  
  
Ending DATE : T (JUN 24, 1999)  
  
Include all CPT codes? YES// <RET>  
  
Note: Additional data printed if device supports 130+ characters  
  
DEVICE: HOME// <RET> UCX/TELNET Right Margin: 80// <RET>
```

Outputs Main Menu
RBRVS Fee Schedule Cost Comparison

Example, cont.

COST/SAVINGS FROM RBRVS FEE SCHEDULE			JUN 24, 1999@13:18:02 page 1		
for Payments with Finalized Dates from Jun 01, 1999 to Jun 24, 1999					
and all CPT Codes					
CPT CODE-	Total Occurrences		Payments at RBRVS		Est. Savings
Modifier(s)	count	\$ amount	count	\$ amount	from RBRVS
01922	1	300.00		0.00	0.00
10080-52,79	2	109.18	2	109.18	290.82
44950	1	508.33	1	508.33	91.67
90801	1	119.86	1	119.86	0.00
99211	4	61.72	4	61.72	48.28
99212	1	28.81	1	28.81	1.19
REPORT TOTALS	10	1,127.90	9	827.90	431.96

Outputs Main Menu

Valid ID Cards List

Introduction

The Valid ID Cards List option is used to view a list of Fee Basis ID Card numbers that are currently valid. A patient may have only one Fee ID Card number assigned to him/her at a given time.

Example

```
DEVICE: HOME//  QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 132//  <RET>

REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!
```

Card No.	Patient Name	Patient SSN	Issue Date
=====			
11072	DEMPSEY, PENNY	235-87-6908	07/26/86
11111	BAILEY, ADAM	222-00-9999	02/12/87
12343	BLEAU, ADRIENNE	233-44-4222	08/25/86
45734	BECKER, ROGER	111-90-6789	02/20/87

Outputs Main Menu

Vendor Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor:  SIRCO,LUCIA           123456789  DOCTOR OF MEDIC
                  31 TROY AVE
                  TROY, NY  03102-9025    TEL. #:  5551212

**** Date Range Selection ****

Beginning DATE :  8/1/94   (AUG 01, 1994)

Ending    DATE :  9/30/94  (SEP 30, 1994)

Select FEE Program: ALL//  OUTPATIENT
Select another FEE Program: <RET>

DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//  <RET>
```

Outputs Main Menu

Vendor Payments Output

Example, cont.

VENDOR PAYMENT HISTORY							
=====							
Vendor: SIRCO,LUCIA				Vendor ID: 123456789			
FEE PROGRAM: OUTPATIENT							
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT-MOD	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Patient: KIRKER,DENNIS				Patient ID: 019-40-9123			
8/16/94	90040	22.00	22.00U		00148	237	9/16/94
Primary Dx: PULMONARY ARTERY A (747.3)S/C Condition? YES Obl.#: C33003							
Patient: MOTT,JULIE S.				Patient ID: 333-39-9991			
9/10/93	90050	25.00	20.00F	1	00088	119	
Primary Dx: RETICULOSARCOMA UN (200.00)S/C Condition? NO Obl.#: C90234							
Select Fee Vendor:							

Outputs Main Menu

Veteran Payments Output



Version 3.5 Changes:

Displays that include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Patient:  SHEA,MICHAEL          06-12-55      606778899      SC
VETERAN

      **** Date Range Selection ****

Beginning DATE : 080193   (AUG 01, 1993)

Ending   DATE : 093093   (SEP 30, 1993)

Select FEE Program: ALL//  OUTPATIENT
Select another FEE Program: <RET>
DEVICE: HOME//  <RET>      RIGHT MARGIN: 80//  <RET>
```

Outputs Main Menu

Veteran Payments Output

Example, cont.

VETERAN PAYMENT HISTORY							
=====							
Patient: SMITH,FRED X				Patient ID: 330-56-9812			
FEE PROGRAM: OUTPATIENT							
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT-MOD	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Vendor: SIRCO,LUCIA,MD				Vendor ID: 214387509			
*9/6/93	90050	25.00	25.00U		00048	128	
Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? NO Obl.#: C89622							
*8/30/93	90050	30.00	30.00U		00048	128	
Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? YES Obl.#: C89622							
Select Fee Patient:							

Payment Menu

C&P/Multiple Patient Payment Entry



Version 3.5 changes: New Prompts

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Will any line items in this invoice be for contracted services? AND Is this line item for a contracted service? – These two existing prompts have been replaced by a single new prompt since all entered payments will have the same value for the amount paid. The new prompt is:

"The answer to the following will apply to all payments entered via this option.
Are payments for contracted services? No/"

The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

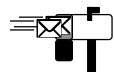
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.



FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter Compensation and Pension (C&P) and multiple patient payments. The selected patient must be registered and have an open Fee Basis authorization. You may enter additional payments from a previous invoice or payments from a new invoice. A new invoice number is assigned automatically, when required.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Payment Menu

C&P/Multiple Patient Payment Entry

Introduction, cont.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

Example

```
Select FEE BASIS BATCH NUMBER: 160
Obligation #: C95000

Select FEE BASIS VENDOR NAME:      ANEW VENDOR      49875346571  DOCTOR OF MEDIC
398 FIRST ST
MENAQUA, WI  54805      TEL. #:  715-999-3425
```

```
*** VENDOR DEMOGRAPHICS ***

Name:  ANEW VENDOR      ID Number: 49875346571
Address: 398 FIRST ST      Specialty: SURGERY
City:  MENAQUA      Type: PHYSICIAN
State: WISCONSIN      Participation Code: DOCTOR OF MEDICINE
ZIP:  54805      Medicare ID Number:
County:      Chain:
Phone: 715-999-3425
Fax:
Type (FPDS):
Austin Name:  ANEW VENDOR
Last Change      Last Change
TO Austin:  9/27/93      FROM Austin:
Want to Edit data? NO// <RET>
Want a new Invoice number assigned? YES// <RET>

Invoice # 244 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(which ever is later): T-2 (JUN 22, 1999)
```

Payment Menu **C&P/Multiple Patient Payment Entry**

Example, cont.

```

Enter Vendor Invoice Date: T-3  (JUN 21, 1999)
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No// <RET>  NO

Date of Service: 6/1/99  (JUN 01, 1999)
Select Service Provided: 90801          PSY DX INTERVIEW

Current list of modifiers: none
Select CPT MODIFIER: <RET>

Major Category: MEDICINE
Sub-Category: PSYCHIATRY
Procedure: 90801    PSY DX INTERVIEW

                Detail Description
                =====
PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION
Is this correct? YES// <RET>
SITE OF SERVICE ZIP CODE: 54805// <RET> 54805

Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE: 3           CONSULTATION
Enter Amount Paid:  $: 119.86// <RET> 119.86
    
```

```

Select Patient: SMITH,FRED X  SMITH,FRED X          05-12-51    330569812
YES          SC VETERAN

SMITH,FRED X          Pt.ID: 330-56-9812
123 EASY STREET          DOB: MAY 12,1951
ALBANY          TEL: 345-1234
NEW YORK 12202-0987    CLAIM #: 383838383
          COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

          SC Percent: 30%
Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

          Health Insurance: NO
Insurance    COB Subscriber ID          Group          Holder Effective Expires
=====
    
```

Payment Menu

C&P/Multiple Patient Payment Entry

Example, cont.

GHI	3424234	Ind. Plan	SELF	01/01/90	01/01/95
AETNA	8849043093247	00229/9984	SPOUSE	01/01/93	12/31/93

Want to add NEW insurance data? No// <RET>

Are there any discrepancies with insurance data on file? No// <RET>

Fee ID Card #: 357491	Fee Card Issue Date: 07/16/93
Patient Name: SMITH,FRED X	Pt.ID: 330-56-9812

AUTHORIZATIONS:

(1) FR: 09/01/93 VENDOR: GOOD TIME NURSING HOME - 987561234
 TO: 09/02/93

Authorization Type: CONTRACT NURSING HOME
 Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
 DX:
 County: ALBANY PSA: BOSTON

(2) FR: 04/12/93 VENDOR: Not Specified
 TO: 07/24/99

Authorization Type: Outpatient - Short Term
 Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
 OR ALLIED BENE.)
 DX: PTSD
 County: ALBANY PSA: ALBANY

Enter a number (1-2): 2
 PRIMARY DIAGNOSIS:

Vendor has no prior payments for this patient

Payment Data Entered for Patient
 Invoice: 244 Totals: \$ 119.86

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER: <RET>

Payment Menu

Calculate Payment Amount



Patch FB*3.5*4 Changes: New option.

Introduction

This option is used to calculate a fee schedule amount for a service (CPT code) without having to actually enter a payment. If the date of service is after September 1st, 1999 the Medicare RBRVS fee schedule will be used. If the RBRVS amount is not greater than zero or if the date is prior to September 1999, the VA 75th Percentile fee schedule will be used to obtain an amount.

Example

```
Select Service Provided: 99201                OFFICE/OUTPATIENT VISIT, NEW

Current list of modifiers: none
Select CPT MODIFIER:

Major Category: EVALUATION AND MANAGEMENT SERVICES
Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
Procedure: 99201    OFFICE/OUTPATIENT VISIT, NEW

                Detail Description
                =====
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM
FOCUSED HISTORY - A PROBLEM FOCUSED EXAMINATION - AND
STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR
COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED
CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR
FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEMS ARE SELF LIMITED OR
MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE
PATIENT AND/OR FAMILY.
Is this correct? YES//
Enter date of service:  Jun 22, 1999//    (JUN 22, 1999)
Enter Fee Basis Vendor [optional]:
SITE OF SERVICE ZIP CODE: 23667
Select PLACE OF SERVICE: OFFICE  11          OFFICE
Amount to Pay: $ 33.16    from the 1999 RBRVS FEE SCHEDULE
```


Payment Menu

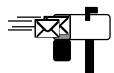
Delete Payment Entry



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to delete batches other than those you opened.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Delete Payment Entry option is used to delete a medical payment transaction. You may only delete a payment that you entered, and the batch must have an OPEN status.

The option provides a payment history display for the patient and vendor selected. You can refer to this display to insure correct entry of the date of service and service provided (CPT code) to be deleted.

The payments are listed in inverse date order. Reimbursements are represented by an asterisk (*).

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

Select FEE BASIS BATCH NUMBER: 145	Obligation #: C89622
Select Patient: KIRKER, DENNIS	

Section 3 - Medical Fee Main Menu

Payment Menu **Delete Payment Entry**

Example, cont.

```
KIRKER,DENNIS                                Pt.ID: 019-40-1234
32 SMYTH RD                                  DOB: FEB 22,1922
BOX 333
MANCHESTER                                  TEL: 1800FEE
NEW HAMPSHIRE 03102-1345                     CLAIM #: 019401234
                                           COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 100%
Rated Disabilities: NONE STATED

Health Insurance: UNKNOWN
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
      No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Fee ID Card #: A12346                        Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                    Pt.ID: 019-40-1234

AUTHORIZATIONS:
  (1) FR: 08/04/94      VENDOR: MARCUS WELBY, MD - 495734995
      TO: 08/03/97
          Authorization Type: Outpatient - ID Card
      Purpose of Visit: OPT - SC 50% OR MORE
      DX: ILL
      County: HILLSBOROUGH      PSA: ALBANY

Is this the correct Authorization period (Y/N)? Yes// <RET>
```

Payment Menu

Delete Payment Entry

Example, cont.

```

Select VENDOR: MARCUS WELBY, MD

Patient Name: KIRKER,DENNIS                SSN: 019401234

  VENDOR: MARCUS WELBY, MD
    37 GOLDEN POND
    ROTTERDAM JCT, 36  12323
      ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
SVC DATE  CPT-MODIFIER          AMT CLAIMED AMT PAID  CODE   INVOICE #  BATCH #
-----
  05/10/94  D0470                $   30.00   $   20.00  1      220      134
* 01/01/93  10180                $  223.00   $  223.00      65      145

Date of Service: 1/1/93   JAN  1, 1993
Select SERVICE PROVIDED: 10180          COMPLEX DRAINAGE, WOUND

Are you sure you want to delete this payment record? No// YES
Payment record Deleted!

Date of Service: <RET>

Select VENDOR: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:

```

Payment Menu

Edit Payment



Version 3.5 Changes: New Prompts

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Is this line item for a contracted service? – This prompt replaces the PROMPT PAY TYPE prompt for this option. It has been moved up so it will be asked before the fee schedule calculation takes place. The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the new fee schedule calculation when the new fee schedule amount is different than the original fee schedule amount for an existing payment



FBAASUPERVISOR - allows you to edit payments from batches that have been released by a supervisor.

Introduction

The Edit Payment option is used to edit data for a previously entered Medical Fee payment. You may also delete an entire existing payment entry or delete individual data items, other than required fields. You cannot edit payments in batches that have been finalized.

Example

```
Select FEE BASIS PAYMENT PATIENT: SMITH,FRED X SMITH,FRED X 05-12-51
330569812 YES SC VETERAN

Select VENDOR: DOCTOR
Date of Service: 6-19-1999
Select SERVICE PROVIDED: 99211
Service Provided: 99211// <RET> OFFICE/OUTPATIENT VISIT, EST

Current list of modifiers: none
Select CPT MODIFIER: <RET>
SITE OF SERVICE ZIP CODE: 98937// <RET>
Is this line item for a contracted service? No// <RET> NO
PLACE OF SERVICE: OFFICE (11)// <RET>
AMOUNT CLAIMED: 35// <RET>
AMOUNT PAID: 15.43// <RET>
AMOUNT SUSPENDED: 19.57// <RET>
SUSPEND CODE: 1// <RET>
Exit ('^') allowed now
PRIMARY SERVICE FACILITY: ALBANY// <RET>
OBLIGATION NUMBER: C95000// <RET>
DATE CORRECT INVOICE RECEIVED: JUN 24,1999// <RET>
VENDOR INVOICE DATE: JUN 24,1999// <RET>
PATIENT TYPE CODE: PSYCHIATRIC// <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS// <RET>
PURPOSE OF VISIT: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR ALLIED
BENE.) // <RET>
PRIMARY DIAGNOSIS: 685.1// <RET>
HCFA TYPE OF SERVICE: <RET>
SERVICE CONNECTED CONDITION?: NO// <RET>
```

Payment Menu
Edit Payment

Example, cont.

Select SERVICE PROVIDED: <RET>

Select FEE BASIS PAYMENT PATIENT: <RET>

Payment Menu

Enter Payment



Version 3.5 Changes: New Prompts

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.


ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Is this line item for a contracted service? – This existing prompt has been moved up so it will be asked before the fee schedule calculation takes place. The fee schedule

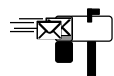
does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

 **FBAASUPERSUPVENDOR** - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Payment option is used to enter medical payments. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required. Only medical payments can be entered through this option.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAASUPERSUPVENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

Payment Menu

Enter Payment

Introduction, cont.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

Select FEE BASIS BATCH NUMBER: **160**
Obligation #: C95000

Select Patient: **SMITH,FRED X**

```

SMITH,FRED X                                Pt.ID: 330-56-9812
123 EASY STREET                            DOB: MAY 12,1951
ALBANY                                    TEL: 345-1234
NEW YORK 12202-0987                       CLAIM #: 383838383
                                           COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

      Health Insurance: NO
Insurance   COB Subscriber ID      Group      Holder   Effective   Expires
=====
GHI          3424234                Ind. Plan   SELF     01/01/90    01/01/95
AETNA        8849043093247          00229/9984 SPOUSE   01/01/93    12/31/93
Want to add NEW insurance data? No// <CR> NO
Are there any discrepancies with insurance data on file? No// <CR> NO
Fee ID Card #: 357491                  Fee Card Issue Date: 07/16/93

```

Section 3 - Medical Fee Main Menu

Payment Menu Enter Payment

Example, cont.

```
Patient Name: SMITH,FRED X                      Pt.ID: 330-56-9812

AUTHORIZATIONS:
  (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
      TO: 09/02/93
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX:
      County: ALBANY          PSA: BOSTON, MA

  (2) FR: 04/12/93      VENDOR: Not Specified
      TO: 07/24/99
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
      DX: PTSD
      County: ALBANY          PSA: ALBANY
```

```
Enter a number (1-2): 2
AUTHORIZATION REMARKS:
  1> <CR>
DX LINE 1: PTSD// <CR>
DX LINE 2: <CR>
DX LINE 3: <CR>

Select FEE BASIS VENDOR NAME:    DOCTOR      000000001  DOCTOR OF MEDIC
                                11111
                                1211 NURSE
                                ANYPLACE, MI  98937    TEL. #: 323-2323
```

```
Patient Name: SMITH,FRED X                      Pt.ID: 330-56-9812

***  VENDOR DEMOGRAPHICS  ***

      Name: DOCTOR                                ID Number: 000000001
      Address: 11111                               Specialty: FAMILY PRACTICE
      Address [2]: 1211 NURSE
      City: ANYPLACE                                Type: PHYSICIAN
      State: MICHIGAN                               Participation Code: DOCTOR OF MEDICINE
      ZIP: 98937                                    Medicare ID Number:
      County:                                       Chain:
```


Payment Menu
Enter Payment

Example, cont.

SITE OF SERVICE ZIP CODE: 98937// <CR> 98937	
Select Service Provided: 99211	OFFICE/OUTPATIENT VISIT, EST
Current list of modifiers: none	
Select CPT MODIFIER:	
Major Category: EVALUATION AND MANAGEMENT SERVICES	
Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES	
Procedure: 99211 OFFICE/OUTPATIENT VISIT, EST	
Detail Description	
=====	
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	
Is this correct? YES// <CR>	
OFFICE/OUTPATIENT VISIT, EST	
Is this line item for a contracted service? No// <CR> NO	
Select PLACE OF SERVICE: 11	OFFICE
AMOUNT CLAIMED: 35	
AMOUNT PAID: 15.43// <CR>	
AMOUNT SUSPENDED: 19.57// <CR>	
SUSPEND CODE: 1	Charge exceeds maximum payable
PRIMARY DIAGNOSIS: 685.1	PILONIDAL CYST W/O ABSC
HCFA TYPE OF SERVICE: <CR>	
SERVICE CONNECTED CONDITION?: N (NO)	
Select Service Provided: <CR>	
Date of Service: <CR>	
Invoice: 252 Totals \$ 15.43	

Payment Menu

Invoice Display



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
Select Invoice Number:  45

Invoice Number: 45          Vendor Name: ALBANY IMAGING SERVICES
Date Received: 06/18/94
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE CPT-MOD  AMT CLAIMED  AMT PAID  CODE  BATCH NO. VOUCHER DATE
Other Suspension Description
=====
SMITH,VERN
 6/6/94  11971      $   25.00   $   10.00   1         10
SMITH,VERN
 6/10/94 10120      $   25.00   $   10.00   1         10
SMITH,VERN
 6/15/94 12005      $   25.00   $   10.00   1         10
Select Invoice Number:
```

Payment Menu

Multiple Payment Entry



Version 3.5 Changes: New Prompts

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Will any line items in this invoice be for contracted services? AND Is this line item for a contracted service? – These two existing prompts have been replaced by a

single new prompt since all entered payments will have the same value for the amount paid. The new prompt is:

"The answer to the following will apply to all payments entered via this option.

Are payments for contracted services? No/"

The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

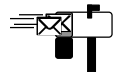
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.



FBAASUPERSUPVISOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Multiple Payment Entry option is used to enter identical medical payments (except for service date) for a patient. The option was designed to accommodate such services as home nursing where the patient may be seen daily by a visiting nurse. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

Payment Menu

Multiple Payment Entry

Introduction, cont.

When using the Multiple Payment option, users should be aware of the Fee Schedule that is used to calculate payments. The Fee Schedule used for the Multiple Payment Option is based on the current date. This is due to the fact that payment amounts are asked up front, before the date of service is known. The RBRVS fee schedule is based on a calendar year and the VA 75th Percentile fee schedule is based on a fiscal year. Therefore a payment made at the beginning of a year, for a date of service that occurred in the previous year, uses the fee schedule that corresponds to the current date instead of the date of service.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

```
Select FEE BASIS BATCH NUMBER:    160
Obligation #: C95000
```

```
Select Patient:    SMITH,FRED X
```

```
Select Patient:    SMITH,FRED X
```

```
SMITH,FRED X                Pt.ID: 330-56-9812
123 EASY STREET              DOB: MAY 12,1951
ALBANY                       TEL: 345-1234
NEW YORK 12202-0987          CLAIM #: 383838383
                              COUNTY: ALBANY
```


Payment Menu

Multiple Payment Entry

Example, cont.

```

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

      Health Insurance: NO
Insurance      COB Subscriber ID      Group      Holder      Effective      Expires
=====
GHI            3424234                  Ind. Plan    SELF        01/01/90       01/01/95
AETNA          8849043093247             00229/9984   SPOUSE      01/01/93       12/31/93
Want to add NEW insurance data? No// <RET>  NO
Are there any discrepancies with insurance data on file? No// <RET>  NO

```

```

Fee ID Card #: 357491                      Fee Card Issue Date: 07/16/93

Patient Name: SMITH,FRED X                  Pt.ID: 330-56-9812

AUTHORIZATIONS:
  (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
      TO: 09/02/93
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX:
      County: ALBANY                      PSA: BOSTON, MA

  (2) FR: 04/12/93      VENDOR: Not Specified
      TO: 07/24/99
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
      DX: PTSD
      County: ALBANY                      PSA: ALBANY

```

```

Enter a number (1-2): 2
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

Select FEE BASIS VENDOR NAME:      DOCTOR      000000001  DOCTOR OF MEDICINE

```

Section 3 - Medical Fee Main Menu

Payment Menu Multiple Payment Entry

Example, cont.

```
11111
1211 NURSE
ANYPLACE, MI 98937    TEL. #: 323-2323
```

```
Patient Name: SMITH,FRED X          Pt.ID: 330-56-9812

***  VENDOR DEMOGRAPHICS  ***

      Name:  DOCTOR                      ID Number: 000000001
      Address: 11111                     Specialty: FAMILY PRACTICE
      Address [2]: 1211 NURSE
      City: ANYPLACE                      Type: PHYSICIAN
      State: MICHIGAN                    Participation Code: DOCTOR OF MEDICINE
      ZIP: 98937                         Medicare ID Number:
      County:                             Chain:
      Phone: 323-2323
      Fax:
      Type (FPDS):
      Austin Name: DOCTOR
      Last Change                        Last Change
      TO Austin: 9/27/93                 FROM Austin:
Want to Edit data? NO// <RET>
```

```
Patient Name: SMITH,FRED X          SSN: 330569812

VENDOR: DOCTOR
11111
ANYPLACE, MICHIGAN 98937
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE  CPT-MODIFIER      AMT CLAIMED AMT PAID  CODE  INVOICE # BATCH #
-----
06/19/99  99211             $   35.00   $   15.43  1      252      160
* 09/09/93  90010             $   20.00   $   20.00      131      16
07/01/93  90050             $   25.00   $   25.00      45       48

Enter RETURN to continue or '^' to exit: <RET>
Want a new Invoice number assigned? YES// <RET>

Invoice # 253 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): T  (JUN 24, 1999)

Enter Vendor Invoice Date: T  (JUN 24, 1999)
```

Payment Menu

Multiple Payment Entry

Example, cont.

The answer to the following will apply to all payments entered via this option.

Are payments for contracted services? No// <RET> NO

Select Service Provided: 99211 OFFICE/OUTPATIENT VISIT, EST

Current list of modifiers: none

Select CPT MODIFIER: <RET>

Major Category: EVALUATION AND MANAGEMENT SERVICES

Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES

Procedure: 99211 OFFICE/OUTPATIENT VISIT, EST

Detail Description

=====

OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.

Is this correct? YES// <RET>

SITE OF SERVICE ZIP CODE: 98937// <RET> 98937

Select ICD DIAGNOSIS: 685.1 PILONIDAL CYST W/O ABSC

Select PLACE OF SERVICE: 11 OFFICE

Select TYPE OF SERVICE: <RET>

Service connected condition? NO

Amount Claimed: \$: 25

Is \$25 correct for Amount Claimed? Yes// <RET> YES

Amount Paid: \$: 15.43// <RET> 15.43

Is \$15.43 correct for Amount Paid? Yes// <RET> YES

Amount Suspended: \$: 9.57// <RET> 9.57

Select FEE BASIS SUSPENSION CODE: 1 Charge exceeds maximum payable

Date of Service: 6/1/99 (JUN 01, 1999)

Is 6/1/99 correct? Yes// <RET> YES

OFFICE/OUTPATIENT VISIT, EST

....OK, DONE....

Invoice: 253 Totals: \$ 15.43

Payment Menu
Multiple Payment Entry

Example, cont.

```
Date of Service: 6/3/99 (JUN 03, 1999)
Is 6/3/99 correct? Yes// <RET> YES

      OFFICE/OUTPATIENT VISIT, EST      ....OK, DONE....
Invoice: 253 Totals: $ 30.86

Date of Service: 6/6/99 (JUN 06, 1999)
Is 6/6/99 correct? Yes// <RET> YES

      OFFICE/OUTPATIENT VISIT, EST      ....OK, DONE....
Invoice: 253 Totals: $ 46.29

Date of Service: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER: <RET>
```

Payment Menu

Re-initiate Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Payment Menu

Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:  169          C46335

Select New Batch number:   999          C64838

Want line items listed? No//  YES
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch #  Voucher Date
Vendor Name                                Vendor ID  Invoice #      Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY

LENNON,MARCUS                                381-05-0505
BARNABY,JARED, M.D.                            271172711    190
12/15/94      90060      75.00    60.00    1      OFFICE VISIT,INTERMED
Reject Reason:  BATCH OUT OF BALANCE

LENNON,MARCUS                                381-05-0505
BARNABY,JARED, M.D.                            271172711    190
12/30/94      90060      75.00    60.00    1      OFFICE VISIT,INTERMED
Reject Reason:  BATCH OUT OF BALANCE

COURT,PATRICIA                                234-23-4234
PARKER,ALLISON, M.D.                            341234143    198
01/10/94      80908      50.00    50.00      CONSULTATION,BRIEF
Reject Reason:  BATCH OUT OF BALANCE
-----

Want to re-initiate all rejected items in the Batch? No//  YES

Are you sure you want to re-initiate all line items in this
batch? No//  YES

....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Payment Menu

Reimbursement Payment Entry



Version 3.5 Changes: New Prompts

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.



Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

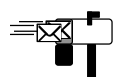
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule.



FBAASUPERVISOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement Payment Entry option is used to enter a reimbursement payment to a veteran for medical service after the veteran has paid the vendor directly. At some stations, reimbursement payments are separate batches. At others, they are intermixed with the medical batches. You may only enter payments into those batches which you opened. The system will assign a new invoice number to the reimbursement payment, if necessary.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the patient has reached the maximum payment amount allowed for the month of service, a warning will appear after you enter the date of service.

Payment Menu

Reimbursement Payment Entry

Example

```

Select FEE BASIS BATCH NUMBER: 160
Obligation #: C95000

Select Patient:      SMITH,FRED X

SMITH,FRED X                Pt.ID: 330-56-9812
123 EASY STREET            DOB: MAY 12,1951
ALBANY                     TEL: 345-1234
NEW YORK 12202-0987        CLAIM #: 383838383
                           COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

      Health Insurance: NO
Insurance      COB Subscriber ID      Group      Holder  Effective  Expires
=====
GHI            3424234                Ind. Plan  SELF    01/01/90   01/01/95
AETNA          8849043093247          00229/9984 SPOUSE  01/01/93   12/31/93
Want to add NEW insurance data? No// <RET>  NO
Are there any discrepancies with insurance data on file? No// <RET>  NO

      Health Insurance: NO
Insurance Co.   Subscriber ID      Group      Holder  Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

Payment Menu

Reimbursement Payment Entry

Example, cont.

```
Fee ID Card #: 357491                      Fee Card Issue Date: 07/16/93
Patient Name: SMITH,FRED X                  Pt.ID: 330-56-9812
AUTHORIZATIONS:
  (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
      TO: 09/02/93
      Authorization Type: CONTRACT NURSING HOME
Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX:
      County: ALBANY                      PSA: BOSTON, MA
  (2) FR: 04/12/93      VENDOR: Not Specified
      TO: 07/24/99
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
      DX: PTSD
      County: ALBANY                      PSA: ALBANY
```

```
Enter a number (1-2): 2

      Patient: SMITH,FRED X
      Address Line 1: 123 EASY STREET
      City: ALBANY
      State: NEW YORK
      Zip: 12202-0987
      County: ALBANY

Want to edit Address data? No// <RET> NO
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

Select FEE BASIS VENDOR NAME:      DOCTOR      000000001  DOCTOR OF MEDIC
      11111
      1211 NURSE
      ANYPLACE, MI  98937      TEL. #: 323-2323

Patient Name: SMITH,FRED X                  Pt.ID: 330-56-9812
```

Payment Menu

Reimbursement Payment Entry

Example, cont.

```

***  VENDOR DEMOGRAPHICS  ***

      Name:  DOCTOR                      ID Number: 000000001
      Address: 11111                      Specialty: FAMILY PRACTICE
Address [2]: 1211 NURSE
      City:  ANYPLACE                      Type: PHYSICIAN
      State:  MICHIGAN                    Participation Code: DOCTOR OF MEDICINE
      ZIP:  98937                        Medicare ID Number:
      County:                               Chain:
      Phone: 323-2323
      Fax:
Type (FPDS):
Austin Name:  DOCTOR
Last Change
  TO Austin:  9/27/93                    Last Change
                                          FROM Austin:
Want to Edit data? NO// <RET>

```

```

Patient Name: SMITH,FRED X                SSN: 330569812

VENDOR: DOCTOR
11111
ANYPLACE, MICHIGAN 98937
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE  CPT-MODIFIER      AMT CLAIMED AMT PAID  CODE   INVOICE #  BATCH #
-----
-
06/19/99  99211              $   35.00   $   15.43 1      252      160
06/06/99  99211              $   25.00   $   15.43 1      253      160
06/03/99  99211              $   25.00   $   15.43 1      253      160
06/01/99  99211              $   25.00   $   15.43 1      253      160
* 09/09/93 90010              $   20.00   $   20.00      131      16
07/01/93  90050              $   25.00   $   25.00      45       48

Enter RETURN to continue or '^' to exit: <RET>
Want a new Invoice number assigned? YES// <RET>

Invoice # 254 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(which ever is later): T  (JUN 24, 1999)

Enter Vendor Invoice Date: T  (JUN 24, 1999)

Date of Service: 6/21  JUN 21, 1999

```

Payment Menu
Reimbursement Payment Entry

Example, cont.

Total already paid on ID Card for month: \$ 0 Maximum allowed: \$ 125
Total already paid on All/Other for month: \$ 181.58

SITE OF SERVICE ZIP CODE: 98937// 98937

Select Service Provided: **99212** OFFICE/OUTPATIENT VISIT, EST

Current list of modifiers: none

Select CPT MODIFIER:

Major Category: EVALUATION AND MANAGEMENT SERVICES

Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES

Procedure: 99212 OFFICE/OUTPATIENT VISIT, EST

Detail Description

=====

OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY - A PROBLEM FOCUSED EXAMINATION - STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

Is this correct? YES// <RET>

OFFICE/OUTPATIENT VISIT, EST

Select PLACE OF SERVICE: **11** OFFICE

AMOUNT CLAIMED: **30**

AMOUNT PAID: 28.81// <RET>

AMOUNT SUSPENDED: 1.19// <RET>

SUSPEND CODE: **1** Charge exceeds maximum payable

PRIMARY DIAGNOSIS: **685.1** PILONIDAL CYST W/O ABSC

HCFA TYPE OF SERVICE: <RET>

SERVICE CONNECTED CONDITION?: **N** (NO)

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 254 Totals \$ 28.81

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER: <RET>

Payment Menu

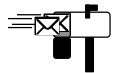
Travel Payment Only



Insurance, authorization, and address data are now displayed. Insurance and address information may be edited.



New insurance information may be uploaded into IB files through this option.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Travel Payment Only option is used to enter/edit/delete a travel payment for a Fee Basis patient. Veterans authorized Fee Basis care may be provided payment for their travel expenses from their home to the fee provider. This is usually a cents-per-mile amount (set by VA Central Office) plus any toll or bridge fees.

Travel payment is not automatic and must be requested by the veteran. If approved, the travel information is added to the patient's Fee Basis authorization (under authorization remarks). The amount of the travel payment due should be entered through this option when a fee medical invoice is processed.

You are prompted for the travel batch number to which the payment will be assigned. Only travel batches with a status of OPEN (and opened by you) may be selected.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Section 3 - Medical Fee Main Menu

Payment Menu Travel Payment Only

Example

```
Select Patient: KIRKER,DENNIS

KIRKER,DENNIS                                Pt.ID: 019-40-1234
32 SMYTH RD                                  DOB: FEB 22,1922
BOX 333
MANCHESTER                                  TEL: 1800FEE
NEW HAMPSHIRE 03102-1345                     CLAIM #: 019409130
                                           COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 100%
Rated Disabilities: NONE STATED

      Health Insurance: UNKNOWN
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires

=====
      No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Fee ID Card #: A12346                        Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                    Pt.ID: 019-40-1234

AUTHORIZATIONS:
(1) FR: 08/04/94      VENDOR: ADULT DAY CARE CENTER - 495734995
    TO: 08/03/97
      Authorization Type: Outpatient - ID Card
      Purpose of Visit: OPT - SC 50% OR MORE
      DX:
      County: HILLSBOROUGH      PSA: ALBANY

Is this the correct Authorization period (Y/N)? Yes// <RET>
```

Payment Menu
Travel Payment Only

Example, cont.

Patient:	KIRKER,DENNIS
Address Line 1:	32 SMYTH RD
Address Line 2:	BOX 333
City:	MANCHESTER
State:	NEW HAMPSHIRE
Zip:	03102-1345
County:	HILLSBOROUGH

Want to edit Address data? No// <RET>

AUTHORIZATION REMARKS:

1> **APPROVED FOR TRAVEL ALSO.**

DX LINE 1: <RET>

DX LINE 2: <RET>

DX LINE 3: <RET>

Select TRAVEL PAYMENT DATE: 9/1 SEP 1, 1994

TRAVEL PAYMENT DATE: SEP 1,1994// <RET>

TRAVEL BATCH NUMBER: 187// <RET>

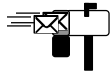
TRAVEL AMOUNT: 18// 15

Select Patient:

Registration Menu Authorization Display



NEW OPTION



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Enter Authorization Number: 7169701-2

KIRKER,DENNIS                      Pt.ID: 019-40-1234
32 LAKE RD                          DOB: FEB 22,1922
BOX 333
MANCHESTER                          TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345           CLAIM #: 019401234
                                   COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 100%
Rated Disabilities: NONE STATED

      Health Insurance: UNKNOWN
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires

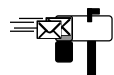
=====
      No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```


Registration Menu Authorization Display

Example, cont.

Fee ID Card #: A12346	Fee Card Issue Date: 01/01/93
Patient Name: KIRKER,DENNIS	Pt.ID: 019-40-1234
AUTHORIZATIONS:	
(1) FR: 01/01/94	VENDOR: ADULT DAY CARE CENTER - 495734995
TO: 04/01/94	
	Authorization Type: Outpatient - Short Term
	Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
	>> Unauthorized Claim <<
DX:	
County: HILLSBOROUGH	PSA: ALBANY
Enter Authorization Number:	

Registration Menu Fee Patient Inquiry



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Fee Patient Inquiry option is used to display current Fee Basis patient information, such as insurance and authorization data.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select PATIENT NAME: ACKERLEY,DENNIS      08-14-55      078460348      SC VETERAN
DEVICE: HOME//      <RET>      RIGHT MARGIN: 80// <RET>

ACKERLEY,DENNIS                                Pt.ID: 078-46-0348
12 ANY ST.                                      DOB: AUG 14,1955
MANCHESTER                                    TEL: Not on File
NEW HAMPSHIRE 12111                          CLAIM #: 078460348
                                              COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  NOT VERIFIED
Other Elig. Code(s): SHARING AGREEMENT

      SC Percent: 20%
Rated Disabilities: DIABETES (20%-SC)

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

Registration Menu
Fee Patient Inquiry

Example, cont.

Patient Name: ACKERLEY,DENNIS		Pt.ID: 078-46-0348
AUTHORIZATIONS:		
(1) FR: 04/26/93	VENDOR: LES TEST - 987654329AA	
TO: 04/28/93		
	Authorization Type: CIVIL HOSPITAL	
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND		
>> Unauthorized Claim <<		
DX: CAD		
County: GRAFTON	PSA: BAY PINES, FL	
Select PATIENT NAME:		

Registration Menu

Print Report of Contact



The Report of Contact, VA Form 119, may now be printed without forced queuing.

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```
Select FEE BASIS PATIENT NAME:  ANDERSON,EUGENE G
Select REPORT OF CONTACT DATE OF CONTACT:  T   DEC 11, 1994
DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>
```

>> REPORT OF CONTACT <<		VA Office VAMC ALBANY NY	SSN # 011249523
Name of Veteran ANDERSON,EUGENE G	Telephone No. of Vet. 518-555-0987	Date of Contact 12/11/94	
Address of Veteran 391 MAPLE DR TROY, NY 32937		Type of Contact Telephone	
Person Contacted WELBY,MARCUS,MD		Telephone Number of Person Contacted 518-555-1234	
Brief statement of information requested and given DR. WELBY CALLED TO REQUEST AUTHORIZATION TO PROVIDE OUTPATIENT SURGICAL SERVICES TO MR. ANDERSON. CASE WILL BE REVIEWED BY DR. JONES.			
Division or Section FEE BASIS		Executed by(signature and title) MARY ELLEN GRAY	

VA form 119

Registration Menu

Report of Contact

Introduction

The Report of Contact option is used to enter a Report of Contact between a vendor and the medical center or edit an existing Report of Contact. It provides you with a way to write a narrative report concerning a personal visit or telephone conversation about a Fee Basis veteran, and gives you an opportunity to print the report. The vendor contacts recorded through this option will appear in many of the other Fee Basis options when the patient authorization information is displayed.

A patient must be registered in the FEE BASIS PATIENT file (#161) to be entered in this option.

Example

```
Select PATIENT NAME:   ACKERLEY,DENNIS      08-14-55      078460348      SC
VETERAN
Select DATE OF CONTACT: SEP 15,1993
  DATE OF CONTACT: SEP 15,1993// <RET>
  VENDOR/PROVIDER: PRIVATE HOSPITAL
  VENDOR/PROVIDER TELEPHONE NO.: 334-5656
  NARRATIVE:
  1>DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. ACKERLEY.  CASE WILL BE REVIEWED BY DR. JONES.

EDIT Option: <RET>
  INPUT DATE: TODAY// <RET>  (SEP 15, 1993)
  TYPE OF CONTACT: T  telephonic
Select DATE OF CONTACT: <RET>
Want to print this Report of Contact? NO// YES

DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y  (YES)

Requested Start Time: NOW// <RET> (SEP 15, 1993@12:05:20)
REQUEST QUEUED

Select PATIENT NAME:
```

Registration Menu Report of Contact

Example, cont.

=====		VA Office	SSN #
>> REPORT OF CONTACT <<		VAMC ALBANY NY	078460348

Name of Veteran	Telephone No. of Vet.	Date of Contact	
ACKERLEY,DENNIS	None on File	09/15/93	

Address of Veteran		Type of Contact	
12 ANY ST.			
MANCHESTER,NH 12111		Telephone	

Person Contacted		Telephone Number of	
PRIVATE HOSPITAL		Person Contacted	
		334-5656	

Brief statement of information requested and given			
DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL			
SERVICE TO MR. ACKERLEY. CASE WILL BE REVIEWED BY DR. JONES.			

Division or Section	Executed by(signature and title)		
FEE BASIS	STELLA,KAREN H		
=====			

VA form 119

Supervisor Main Menu

Add New Person for Unauthorized Claim



XUSPF200 - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, this option is used to enter the name and address of that party in the NEW PERSON file (#200). The name must be entered in uppercase.

Example

```
Enter NEW PERSON's name (LAST,FIRST MI): DARSEY,MARCIE
  ARE YOU ADDING 'DARSEY,MARCIE' AS A NEW NEW PERSON (THE 1891ST)? Y (YES)
Checking SOUNDEX for matches.
  DARCY,RICHARD A.
Do you still want to add this entry: NO// Y
Now for the Identifiers.
INITIAL: MD
SSN: 985946534
SEX: F FEMALE
STREET ADDRESS 1: 7425 OLYMPIC BLVD
STREET ADDRESS 2: APT 9A
STREET ADDRESS 3: <RET>
CITY: BISMARCK
STATE: ND NORTH DAKOTA
ZIP CODE: 67448-9938
SSN: 985946534// <RET>
```

Supervisor Main Menu

Clerk Look-Up For An Authorization

Introduction

This option is used to identify the last user who entered/edited a selected authorization.

Example

```
Select FEE BASIS PATIENT NAME: ADAMS,MICHAEL    06-17-48    552996543
      SC VETERAN

Select AUTHORIZATION FROM DATE: 1/1/88    JAN 1, 1988

The last user to enter/edit this Authorization was BLACK,JOHN.
```


Supervisor Main Menu

Delete Reject Flag



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to access this option.

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error. The batch must be finalized before you can delete the reject flag.

When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```
Select FEE BASIS BATCH NUMBER: 141 328 C35001

NUMBER: 328                                OBLIGATION NUMBER: C35001
TYPE: MEDICAL PAYMENTS                     DATE OPENED: JUN 21, 1993
CLERK WHO OPENED: SIRCO,LUCIA              DATE SUPERVISOR CLOSED: JUN 21, 1993
SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA      STATION NUMBER: 500
TOTAL DOLLARS: 0                           INVOICE COUNT: 0
PAYMENT LINE COUNT: 0                      DATE FINALIZED: DEC 6, 1994
DATE CLERK CLOSED: JUN 21, 1993            DATE TRANSMITTED: JUN 21, 1993
PERSON WHO COMPLETED: GRAY,MARY ELLEN     REJECTS PENDING: YES

STATUS: VOUCHERED

Want line items listed? NO// YES
```

Supervisor Main Menu

Delete Reject Flag

Example, cont.

Patient Name	('*' Reimbursement to Patient		'+' Cancellation Activity)	
	('#' Voided Payment)		Batch #	Voucher Date
Vendor Name	Vendor ID	Invoice #	Date Rec'd.	
SVC DATE	CPT-MOD	CLAIMED	PAID	CODE SERVICE PROVIDED
=====				
Batch Number: 328 Voucher Date: 12/6/94 Voucherer: GRAY,MARY ELLEN				
CHABOT,JOHN	456-43-5678	328		
PAUL,ROCKEY	567895411	496	6/21/93	
* 5/6/93	90020	2.00	2.00	OFFICE/OP VISIT, NEW, COMPRH
Reject Reason: TESTING				
Old Batch #: 328				

Want to delete rejection codes for the entire Batch? NO// YES				
Are you sure you want to delete reject code for all rejected items in this batch? NO// YES				
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...				
Reject codes for all items have been deleted!				

NUMBER: 328	OBLIGATION NUMBER: C35001
TYPE: MEDICAL PAYMENTS	DATE OPENED: JUN 21, 1993
CLERK WHO OPENED: SIRCO,LUCIA	DATE SUPERVISOR CLOSED: JUN 21, 1993
SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA	STATION NUMBER: 500
TOTAL DOLLARS: 2	INVOICE COUNT: 1
PAYMENT LINE COUNT: 1	DATE FINALIZED: DEC 6, 1994
DATE CLERK CLOSED: JUN 21, 1993	DATE TRANSMITTED: JUN 21, 1993
PERSON WHO COMPLETED: GRAY,MARY ELLEN	

STATUS: VOUCHERED

Select FEE BASIS BATCH NUMBER:

Supervisor Main Menu

Edit Pharmacy Invoice Status

Introduction

The Edit Pharmacy Invoice Status option is used to change the status of a pharmacy invoice. Following are the four pharmacy invoice statuses.

- **PENDING PHARMACY DETERMINATION** - All prescription data necessary for Pharmacy Service to make their review has been entered into the system. This includes patient name, drug name, drug strength, etc.
- **PENDING MAS COMPLETION** - Pharmacy Service has made their review, which includes a determination as to whether or not the prescription was for an authorized condition, whether or not it was emergent, and whether payment should be based on the generic drug price. Medical Administration Service (MAS) now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- **PENDING PAYMENT PROCESS** - The invoice is waiting to be assigned to a Pharmacy Fee Basis batch.
- **COMPLETED** - The invoice has been assigned to a batch.

At most facilities, both MAS and Pharmacy Services are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

NOTE: This option is used only when the invoice status does not coincide with the lowest line item status. This should only occur when there has been a machine failure.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER: 37
INVOICE STATUS: PENDING PAYMENT PROCESS// ?
  CHOOSE FROM:
    1      PENDING PHARMACY DETERMINATION
    2      PENDING MAS COMPLETION
    3      PENDING PAYMENT PROCESS
    4      COMPLETED
INVOICE STATUS: 4      COMPLETED
```

Supervisor Main Menu

Enter/Edit Suspension Letters

Introduction

The Enter/Edit Suspension Letters option is used to enter a new suspension letter into the system or edit an existing letter. If you are adding a new Fee Basis letter, the name must be 3-30 characters in length, not numeric or starting with punctuation. A suspension letter can also be deleted through this option.

Any time a Fee Basis payment is entered with a suspension code, it is flagged so that a suspension letter will be sent to the vendor. Suspension letters are sent to Fee Basis vendors to explain why a difference exists between the amount paid by the VA and the amount billed by the vendor. These letters are then printed through the Suspension Letter Print option. Both Medical and Pharmacy payments with suspension codes will generate suspension letters, unless the payment is for reimbursement to a patient.

Example

```
Select FEE BASIS LETTER NAME: SAMPLE SUSPENSION
NAME: SAMPLE SUSPENSION// <RET>
BEGINNING OF LETTER:<RET>
  1>We recently processed your invoice(s) and for various reasons adjustments
  2>had to be made to line items. The following is a list of those items
  3>that were changed and the reasons why:
  4>
EDIT Option: <RET>
END OF LETTER:
  1>Should you have any questions regarding this letter, feel free to contact
  2>us at the VA Medical Center. Thank you for your cooperation.
  3>                                Medical Center Director
  4>                                James A Jones, MD
EDIT Option: <RET>

Select FEE BASIS LETTER NAME:
```

Supervisor Main Menu
Fee Schedule Main Menu
Add/Edit Fee Schedule



Version 3.5 Changes:

A CPT modifier (optional) can be entered allowing you to break down the services to the modifier level.



Patch FB*3.5*4 Changes: Modified Prompt:

The CPT CODE-MODIFIER field has been changed to allow more than one CPT Modifier to be entered with a CPT code. If more than one modifier is entered, the modifiers must be separated by commas. Three examples of valid entries would be 90201 and 90201-21 and 74020-26,32.



FBAASUPERVISOR - required to access this option.

Introduction

The Add/Edit Fee Schedule option is used to enter a Current Procedural Terminology (CPT) code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid in the Outpatient Medical program.

The system internally calculates and stores the seventy-fifth percentile dollar amount based on the amount claimed by the vendor for a specified CPT code. Usually eight occurrences are needed for this calculation. This option may be used in those instances where there were less than eight occurrences and you want to input your own seventy-fifth percentile.

This option will be used to edit the amount paid if you choose to pay more than the calculated seventy-fifth percentile for a selected CPT code for a specified fiscal year on a regular basis. You would also use this option to enter a new CPT code during the year where you wish to pay less than the calculated amount due to fiscal limitations.

Supervisor Main Menu
Fee Schedule Main Menu
Add/Edit Fee Schedule

Example

```
Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
  ARE YOU ADDING '90040-77' AS A NEW FEE BASIS FEE SCHEDULE (THE 26TH)? y
(YES)

Select FISCAL YEAR: 1994
  ARE YOU ADDING '1994' AS A NEW FISCAL YEAR (THE 1ST FOR THIS FEE BASIS FEE
SCHEDULE)? y (YES)
  SEVENTY-FIFTH PERCENTILE: 25.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
                                CPT: OFFICE/OP VISIT, EST, BRIEF
                                MOD: REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Select FISCAL YEAR: 1994// <RET>
  FISCAL YEAR: 1994// <RET>
  SEVENTY-FIFTH PERCENTILE: 25.00// 50.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:
```

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule



The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.



FBAASUPERVISOR - required to access this option.

Introduction

The Compile Fee Schedule option is used to compile the site's fee schedule based on a specified date range or fiscal year. In order to be effective, at least one year of data should be on file. At the first prompt, Beginning Date, you may enter either the fiscal year you wish to run or the beginning date of a date range.

This option populates the FEE BASIS FEE SCHEDULE file (#163.99) and is used throughout the current fiscal year to obtain amount paid default values.

Once a year, usually on or right after October 1, this option should be run to compile the fee schedule for the upcoming fiscal year based on the data from the fiscal year just ended. Since this option reviews the FEE BASIS PAYMENT file (#162) for the specified date range and the compilation will be time consuming, it should be queued for off hours. This report will represent all CPT codes that had at least eight occurrences in the fiscal year/date range you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data displayed in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule

Example

```

*** DATE RANGE SELECTION ***

Enter fiscal year or date range within fiscal year.

Beginning Date : 1994 (1994)

DEVICE: HOME// <RET> Decnet RIGHT MARGIN: 80// <RET>

```

**** REPORT OF FEE SCHEDULE ****				
For Fiscal Year 1994				Page 1
=====				
CPT-MOD	Total #	75 %ile	Date Compiled	Date Range
Description				
=====				
10001-77		50.00	07/09/94	Add/Edit
DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN				

90040-57	10	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY				

90050	8	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, LTD				

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule



The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.



FBAASUPERVISOR - required to access this option.

Introduction

The Print Fee Schedule option is used to print a report of the fee schedule for a specified fiscal year. This report will represent all CPT codes that had at least eight occurrences in the fiscal year you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Because the output generated by this option may be lengthy and time consuming, it should be queued to print during off hours.

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule

Example

Select Fiscal Year: 1994 (1994)
DEVICE: HOME// <RET> Decnet RIGHT MARGIN: 80// <RET>

**** REPORT OF FEE SCHEDULE ****				
For Fiscal Year 1994				Page 1
=====				
CPT-MOD	Total #	75 %ile	Date Compiled	Date Range
Description				
=====				
10001-77		50.00	07/09/94	Add/Edit
DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN				

90040-57	10	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY				

90050	8	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, LTD				

Supervisor Main Menu

Finalize a Batch



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).



FBAASUPERVISOR - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Medical, Pharmacy, and Travel batches.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

Example

```
Select FEE BASIS BATCH NUMBER:  218      C75020

NUMBER: 218                      OBLIGATION NUMBER: C75020
TYPE: MEDICAL & STAT PAYMENTS    DATE OPENED: MAR  4, 1994
CLERK WHO OPENED: BARKER,HARRY   DATE SUPERVISOR CLOSED: MAR 9, 1994
SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK  TOTAL DOLLARS: 257.36
PAYMENT LINE COUNT: 5            DATE CLERK CLOSED: MAR  6, 1994
DATE TRANSMITTED: APR 2, 1994     STATION NUMBER: 500

STATUS: TRANSMITTED

Want line items listed? No// YES
```

Supervisor Main Menu **Finalize a Batch**

Example, cont.

Patient Name		('*' Reimbursement to Patient		'+' Cancellation Activity)		Batch #	Voucher Date
Vendor Name		('#' Voided Payment)		Vendor ID	Invoice #	Date Rec'd.	
SVC DATE	CPT-MOD	CLAIMED	PAID	CODE	SERVICE PROVIDED		
=====							
DOUGLAS, PETER		202-09-9090					
COMMUNITY HEALTH CARE				777666555	267		
01/13/94	90887	102.12	54.00	1	SPECIAL FAMILY THERAPY		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	277		
01/29/94	91234	54.87	54.87		CONSULTATION		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	277		
02/04/94	90023	10.50	10.50		IMMUNIZATION		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	281		
02/12/94	90370	54.87	54.87		EXTENDED CARE VISIT		
TREMBLONSTY, IVAN		123-123-123					
PAUL, MARTIN M.D.				761238470	320		
01/31/94	90000	35.00	35.00		INTERMEDIATE VISIT		
Want to reject the entire Batch? No// <RET> Want to reject any line items? No// YES							
Select FEE BASIS PATIENT NAME: FALKOWSKI, MARION 10-24-40 540201019							

Supervisor Main Menu

Finalize a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID  Invoice #    Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED    PAID    CODE  SERVICE PROVIDED
=====
FALKOWSKI,MARION                                540-20-1019
  5TH ST. CLINIC                                887656788      277
1)  01/29/94  91234      54.87    54.87      CONSULTATION
FALKOWSKI,MARION                                540-20-1019
  5TH ST. CLINIC                                887656788      277
2)  02/04/94  90023      10.50    10.50      IMMUNIZATION
FALKOWSKI,MARION                                540-20-1019
  5TH ST. CLINIC                                887656788      281
3)  02/12/94  90370      54.87    54.87      EXTENDED CARE VISIT

Want all line items rejected for this patient? Yes//  NO
Reject which line item:  2
Are you sure you want to reject item number: 2? No//  YES
Enter reason for rejecting:  NSC CONDITION
Item Rejected, want to reject another? Yes//  NO

Select FEE BASIS PATIENT NAME:  <RET>

NUMBER: 218                                OBLIGATION NUMBER: C75020
TYPE: MEDICAL & STAT PAYMENTS              DATE OPENED: MAR  4, 1994
CLERK WHO OPENED: BARKER,HARRY              DATE SUPERVISOR CLOSED: MAR 9, 1994
SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK      TOTAL DOLLARS: 246.86
PAYMENT LINE COUNT: 4                      DATE CLERK CLOSED: MAR  6, 1994
DATE TRANSMITTED: APR  2, 1994              STATION NUMBER: 500

STATUS: TRANSMITTED

Do you want to finalize Batch as Correct? No//  YES

Batch has been finalized!

Select FEE BASIS BATCH NUMBER:

```

Supervisor Main Menu

List Batches Pending Release

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

DEVICE: HOME// FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>				
FEE BATCHES PENDING RELEASE				
Batch #	Date Closed	Clerk Who Opened	FCP-Obligation #	Total \$
=====				
33	08/19/93	STELLA,KAREN H	333-C33003	3295.00
29	06/01/93	STELLA,KAREN H	999-C90234	1500.00

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Update FMS Vendor File in Austin/Reinstate Vendor MRA

Because the Update FMS Vendor File in Austin and Reinstate Vendor MRA options work the same, the following documentation refers to both options.



Vendor demographics are displayed.

New Prompt:

Is this vendor information correct? - allows you to edit vendor information before updating the FMS VENDOR file.

Prompt has been reworded to read, *"Are you sure you want to update this Vendor in the FMS and Central Fee vendor files? NO//"*



FBAASUPERVISOR required to access this option.

FBAA ESTABLISH VENDOR - required to edit vendor demographics.

Introduction

The Update FMS Vendor File in Austin option creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin.

Use of this option should update the FMS VENDOR file in Austin to reflect what is currently in the DHCP system. For example, this should be used if:

- A vendor entry is correctly entered into the FEE BASIS VENDOR file (#161.2) in DHCP, but needs to be updated in the FMS VENDOR file with the appropriate information.
- The vendor does not yet exist on the FMS system.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly edit a vendor only when you are sure that the vendor information has changed, and add a vendor when you wish to designate a new office location in addition to what is already on file.

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Update FMS Vendor File in Austin/Reinstate Vendor MRA

Example

```
Select FEE BASIS VENDOR NAME: ROGERS,RODNEY, M.D.      324100000A  DOCTOR OF M
EDICINE
                        1 MAIN ST
                        CLARKSVILLE, NY  12043
```

```
***  VENDOR DEMOGRAPHICS  ***

      Name:  ROGERS,RODNEY M.D.              ID Number: 324100000A
Address:  1 MAIN ST                          Specialty: ENDOCRINOLOGY
      City:  CLARKSVILLE                      Type: PHYSICIAN
      State: NEW YORK                        Participation Code: DOCTOR OF MEDICINE
      ZIP:   12043                           Medicare ID Number: 456789
      County: CLINTON                         Chain:
      Phone:
      Fax:
Austin Name:  R    ROGERS
Last Change
TO Austin:   9/30/94                          Last Change
                                                FROM Austin:   9/30/94

Is this vendor information correct? No// y  YES

Are you sure you want to update this Vendor in the FMS and Central Fee vendor
files? NO// y  YES

Select FEE BASIS VENDOR NAME:
```


Supervisor Main Menu**MRA Main Menu****Vendor MRA Main Menu****Delete Vendor MRA**

The "Are you sure you want to {delete this Vendor from/reinstate this Vendor in} the Central Fee file in Austin?" prompt has been reworded to, *"Are you sure you want to place this vendor in delete status?"*

A delete MRA (Master Record Adjustment) is no longer transmitted to FMS and Central Fee vendor files.



FBAASUPERVISOR required to access these options.

Introduction

The Delete Vendor MRA option is used to place vendors in DELETE status on your system when they become inactive or cancel Fee Basis care. The vendor will remain in the CENTRAL FEE file until the end of the fiscal year, at which time the vendor may be purged from Central Fee System.

If the vendor is in DELETE status on your system, but no longer resides on the Central Fee System; or the vendor is in DELETE status on both your system and the Central Fee System; or a vendor which you are now adding to your system somehow already resides in DELETE status on the Central Fee System, use the Update FMS Vendor File in Austin option.

Example

```
Select FEE BASIS VENDOR NAME: TROY HEALTH CENTER      555666888  COMMUNITY
NURSING HOM
      678 HEALTHY LA
      ALBANY, NY  12208

Are you sure you want to place this vendor in delete status? NO// y YES

Vendor flagged for deletion!

Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

MRA'S Awaiting Austin Approval

Introduction

The MRA'S Awaiting Austin Approval option displays vendors that have an MRA action pending which is still awaiting Austin approval. This option could be used to check the validity of certain error codes that may appear in MRA Server Mail Bulletins. (Refer to Appendix C for a sample MRA Server Bulletin. Refer to Appendix F for information about Vendor Error Codes.)

Records with no date transmitted indicate an MRA has been initiated, but the transmission has not left the local station yet.

Example

DEVICE: HOME// <RET> Decnet RIGHT MARGIN: 80// <RET>		
FEE BASIS VENDORS AWAITING AUSTIN APPROVAL		
12/15/94		

VENDOR	ID	DATE TRANSMITTED TO AUSTIN
=====		
DRAPER DRUGS	142358749	11/19/94
2321 DRAPER AVE		
GUILDERLAND NY 12333		
HARBOR RADIOLOGY	778990066	11/29/93
666 GULL RD		
ABERDEEN WA 98520		

Supervisor Main Menu

MRA Main Menu

Veteran MRA Main Menu

Introduction

The Veteran MRA (Master Record Adjustment) Main Menu consists of the following four options:

1. Add type Veteran MRA
2. Change type Veteran MRA
3. Delete type Veteran MRA
4. Reinstate type Veteran MRA

Due to the similarity of these options, documentation has been combined. These options all work basically the same except for the action taken. Add and Change type adjustments are created automatically when you enter a new authorization or change data in an existing authorization (not including authorization remarks or diagnosis lines). These Veteran MRA options are to be used when automatic MRA fails. The Delete and Reinstate adjustments are not created automatically and any action would have to be accomplished through these options. Patient MRAs are not created for short term authorizations. There is no change to DHCP when these options are utilized.

When you choose one of the Veteran MRA options, an entry is made in the FEE BASIS PATIENT MRA file (#161.26) and when the Fee system automatically runs the program to send the transactions to Austin, the MRA transactions are created and sent with the payment data for that date.

Supervisor Main Menu

MRA Main Menu

Veteran MRA Main Menu


Example

Because all options within this menu have the same basic prompts, only one example is provided.

Select Patient: ACKERLEY,DENNIS	08-14-55	078460348	SC VETERAN
ACKERLEY,DENNIS	Pt.ID: 078-46-0348		
12 ANY ST.	DOB: AUG 14,1955		
MANCHESTER	TEL: Not on File		
NEW HAMPSHIRE 12111	CLAIM #: 078460348		
	COUNTY: GRAFTON		
Primary Elig. Code: SC LESS THAN 50% -- NOT VERIFIED			
Other Elig. Code(s): SHARING AGREEMENT			
SC Percent: 20%			
Rated Disabilities: DIABETES (20%-SC)			
Health Insurance: NO			
Insurance Co.	Subscriber ID	Group	Holder Effective Expires
=====			
No Insurance Information			
Want to add NEW insurance data? No// <RET>			
Are there any discrepancies with insurance data on file? No// <RET>			

Patient Name: ACKERLEY,DENNIS	Pt.ID: 078-46-0348
AUTHORIZATIONS:	
(1) FR: 04/26/93	VENDOR: LES TEST - 987654329AA
TO: 04/28/93	
Authorization Type: CIVIL HOSPITAL	
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND	
>> Unauthorized Claim <<	
DX: CAD	
County: GRAFTON	PSA: BAY PINES, FL
VENDOR CONTACTS:	
(1) DATE: 09/15/93	VENDOR: PRIVATE HOSPITAL
PHONE: 334-5656	
NARRATIVE:	
CONTACTED BY MAXINE IN BILLING TO CONFIRM	
VETERAN'S ELIGIBILITY AND AUTHORIZATION.	
Is this the correct Authorization period (Y/N)? Yes// <RET>	
Are you sure you want to create a 'Add' type MRA for this patient: Yes// <RET>	
Transaction Created!	

Supervisor Main Menu
MRA Main Menu
Re-Transmit MRA's

 FBAASUPERVISOR - required to access this option.

Introduction

This option is used to retransmit MRAs for a specific date. This option is used when Austin does not receive the original transmission.

Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs are kept on file until a confirmation is received from the vendorizing unit. The purge option will not affect the vendor MRAs.

Example

```
Re-transmit MRA's for which date: 091593  (SEP 15, 1993)

                                Re-Transmitting

...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

Supervisor Main Menu

MRA Main Menu

Purge Transmitted MRAs



FBAASUPERVISOR - required to access this option.

Introduction

The Purge Transmitted MRAs option is used to purge all veteran MRAs on file which are prior to the date specified. Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs will be purged only if there is still an old reinstate or delete transaction in the FEE BASIS VENDOR CORRECTIONS file (#161.25). These entries would only exist from transactions prior to Fee Basis V. 3.0.

This option should only be used when you are certain Austin has accepted your MRA transmissions.

Example

```
Purge Veteran and Vendor MRA's transmitted PRIOR to:  6/5/94   (JUN 05, 1994)
Deleting....

Total Veteran MRA's deleted: 46
Total Vendor MRA's deleted: 38
```

Supervisor Main Menu Pricer Batch Release



This option is no longer locked.

Introduction

The Pricer Batch Release option is used to review and release payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

Select FEE BASIS BATCH NUMBER: 983	C77777
NUMBER: 983	OBLIGATION NUMBER: C77777
TYPE: CH/CNH	DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: BLACK,JOHN	STATION NUMBER: 500
TOTAL DOLLARS: 3450	INVOICE COUNT: 2
PAYMENT LINE COUNT: 2	DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: NO
STATUS: CLERK CLOSED	
Want line items listed? No// <RET>	
Do you want to Release Batch as Correct? No// Y	

NUMBER: 983	OBLIGATION NUMBER: C77777
TYPE: CH/CNH	DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: BLACK,JOHN	DATE SUPERVISOR CLOSED: JUL 16, 1990
SUPVR WHO CERTIFIED: DOE, PAUL	STATION NUMBER: 500
TOTAL DOLLARS: 3450	INVOICE COUNT: 2
PAYMENT LINE COUNT: 2	DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: NO
STATUS: SUPERVISOR CLOSED	
Batch has been Released!	

Supervisor Main Menu

Print Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```

DEVICE: HOME// FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
    
```

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID  Invoice #  Date Rec'd.
SVC DATE    CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
Batch Number: 341      Voucher Date: 7/27/93  Voucherer: SIRCO,LUCIA

CHABOT,JOHN                                456-43-5678              341
MARCUS WELBY MD                                456765888      523      7/27/93
6/1/93      90010      52.00      52.00      OFFICE/OP VISIT, NEW, LTD
Reject Reason: DUPLICATE PAYMENT
Old Batch #: 341
Batch Number: 329      Voucher Date: 6/21/93  Voucherer: SIRCO,LUCIA

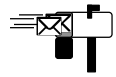
CHABOT,JOHN                                456-43-5678              329
BEN CASEY                                567895411      497      6/21/93
4/5/93      10080-20    75.00      75.00      DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR
Old Batch #: 329
    
```


Supervisor Main Menu

Queue Data for Transmission



FBAASUPERVISOR - required to access this option.



This option creates MailMan messages which contain the batch data to be transmitted. The FEE mail group will receive confirmation messages and reports from Austin.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payment and MRA (master record adjustment) batches to the Central Fee System in Austin, Texas. All pending MRAs are batched automatically and transmitted. Only those payment batches that have been released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Please refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Example

This option will transmit all Batches and MRAs ready to be transmitted to Austin.

Are you sure you want to continue? No// **YES**

The following Batches will be transmitted:

350

...SORRY, THIS MAY TAKE A FEW MOMENTS..

Supervisor Main Menu

Re-initiate Rejected Payment Items



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Supervisor Main Menu

Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:  169          C46335

Select New Batch number:   999          C64838

Want line items listed? No//  YES
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch #  Voucher Date
Vendor Name                                Vendor ID  Invoice #      Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY

LENNON,MARCUS                                381-05-0505
BARNABY,JARED, M.D.                          271172711    190
12/15/94      90060      75.00    60.00    1      OFFICE VISIT,INTERMED
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16

LENNON,MARCUS                                381-05-0505
BARNABY,JARED, M.D.                          271172711    190
12/30/94      90060      75.00    60.00    1      OFFICE VISIT,INTERMED
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16

COURT,PATRICIA                                234-23-4234
PARKER,ALLISON, M.D.                        341234143    198
01/10/94      80908      50.00    50.00      CONSULTATION,BRIEF
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16
-----

Want to re-initiate all rejected items in the Batch? No//  YES

Are you sure you want to re-initiate all line items in this
batch? No//  YES

....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Supervisor Main Menu

Release a Batch



When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.



FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

Example

Select FEE BASIS BATCH NUMBER: **276** C15004

NUMBER: 276

TYPE: MEDICAL PAYMENTS

CLERK WHO OPENED: HENSLER, BARBARA

TOTAL DOLLARS: 10

DATE CLERK CLOSED: JUN 21, 1993

OBLIGATION NUMBER: C15004

DATE OPENED: MAY 7, 1993

STATION NUMBER: 500

PAYMENT LINE COUNT: 2

STATUS: CLERK CLOSED

Want line items listed? NO// **y** YES

Supervisor Main Menu

Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID  Invoice #    Date Rec'd.
SVC DATE      CPT-MOD    CLAIMED      PAID    CODE  SERVICE PROVIDED
=====
MILLER, KERRY                                321-65-4987          276
SIRCO, JOSEPH                                111222333          493          6/21/93
  5/22/93    90020          10.00          5.00    4  OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

CHABOT, JOHN                                456-43-5678          276
PUCK, HENRY                                567895411          495          6/21/93
*  5/1/93    90020          5.00          5.00          OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00
Do you want to Release Batch as Correct? NO// y  YES

NUMBER: 276                                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS                     DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER, BARBARA         STATION NUMBER: 500
TOTAL DOLLARS: 10                          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993            DATE SUPERVISOR CLOSED: JUN 23, 1993
SUPERVISOR WHO CERTIFIED: GRAY, MARY ELLEN

STATUS: SUPERVISOR CLOSED

Batch has been Released!

```

Supervisor Main Menu

Request Info File Enter/Edit

Introduction

The Request Info File Enter/Edit option is used to enter/edit data in the Fee Basis Unauthorized Requested Information file (# 162.93). Enter <??> at the "Select fee basis unauthorized requested information reason:" prompt for a list of existing reasons. You may edit an existing reason, or enter a new one.

Example

```
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON: INPATIENT RECORDS MISSING
ARE YOU ADDING 'INPATIENT RECORDS MISSING' AS
  A NEW FEE BASIS UNAUTHORIZED REQUESTED INFORMATION (THE 17TH)? Y (YES)
  FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NUMBER: 17// <RET>
REASON: INPATIENT RECORDS MISSING Replace <RET>
ACTIVE?: YES
DESCRIPTION:
  1>Inpatient records missing for an episode of care.
  2><RET>
EDIT Option: <RET>
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:
```

Supervisor Main Menu

Site Parameter Enter/Edit



FBAASUPERVISOR - required to access this option.

Introduction

The Site Parameter Enter/Edit option is used to enter or edit site specific Fee Basis parameters. After the data is entered, you may not add another site as only one entry (site) is allowed. You are able to edit the data for the existing site.

Following is a list of site configurable parameters with brief descriptions.

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction (COJ) for which these site parameters are defined. There can be only one entry in this file.

STATION ADDRESS LINE 1: - Street address line 1 of this COJ. This data will be printed on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 2: - Street address line 2 of this COJ. This address line will also print on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 3: - Line 3 of the COJ's street address.

CITY: - The city in which the COJ receives its mail.

STATE: - The state in which the COJ's mailing address resides.

ZIP: - Zip code for the COJ.

STATION TELEPHONE NUMBER: - The telephone number to which fee inquiries should be directed.

APPROVING OFFICIAL FOR 7079: - The name of the approving official authorizing fee services. This name will be printed on the VA Form 10-7079 authorization.

TITLE OF APPROVING OFFICIAL: - The title of the approving official, which will also be printed on the VA Form 10-7079 authorization.

Supervisor Main Menu
Site Parameter Enter/Edit

Introduction, cont.

MEDICAID DISPENSING FEE: - The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.

MEDICAL PAYMENT VENDOR DISPLAY: - This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.

PHARMACY PAYMNT VENDOR DISPLAY: - If answered YES, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

DEFAULT AUTH. TIME RANGE: - The number of days that is the usual long term authorization. The data entered here will be added to the Authorization FROM DATE and that date will become the default TO DATE for the authorization. For example, if the normal long term authorization is one year, 365 would be entered in this parameter.

ASK VENDOR DURING AUTH.: - If answered YES, a vendor is asked when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 100 is acceptable. This value is checked during the Enter Payment options, and will warn the users when they are within 20 of the maximum. It will prevent the users from exceeding this number.

EDIT AUTH. DURING PAYMENT: - This field is used to indicate that editing of the AUTHORIZATION REMARKS field and the 3 DX fields is allowed during the Enter Payment options. It is normally used for six months immediately after installing the fee system, because the AUTHORIZATION REMARKS and DX data was not available for downloading from the Central Fee System.

***ASK PROGRAM SPECIFIC AUTH.:** - A YES answer to this site parameter will show only those authorizations that are program specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.

APPROVING OFFICIAL FOR 7078: - The default approving official for VA Form 10-7078s.

Supervisor Main Menu
Site Parameter Enter/Edit

Introduction, cont.

TITLE 7078 APPROVING OFFICIAL: - The title of the default approving official for VA Form 10-7078s.

COPIES OF 7078 TO BE PRINTED: - Indicates the default number of copies to be printed for each VA Form 10-7078 generated.

PSA DEFAULT INSTITUTION: - The station number for the transmission of data to Austin is determined using this field. In most cases, your facility should be entered.

7078 DEFAULT AUTH SERVICE TEXT: - A free text entry for special remarks, instructions, etc. pertaining to the authorization which will appear in Section 6 of VA Form 10-7078.

TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: - Indicate whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. Your response is a numeric character, with 1 equal to YES, and 0 equal to NO.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc. Your response is the numeric character 1 to activate; otherwise, leave blank.

UNAUTHORIZED CLAIM PRINTER: - Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.

UNAUTHORIZED CLAIM LETTER: - Indicate how you wish your unauthorized claim letters to print. Enter "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.

NUMBER OF COPIES: - The number of copies of a letter to be printed. Maximum number of copies allowed is five.

Supervisor Main Menu

Site Parameter Enter/Edit

Introduction, cont.

PRINT U/C ON LETTERHEAD?: - Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

STATION NAME (EDITABLE): - This is the first line of the return address. The data pulled from Field #.01, and can be edited at this prompt.

Example

```
Select Site:  VA MEDICAL CENTER, BUFFALO, NY
ARE YOU ADDING 'VA MEDICAL CENTER, BUFFALO, NY' AS A NEW
FEE BASIS SITE PARAMETERS (THE 1ST)?  YES  (YES)
STATION OF JURISDICTION NAME: VA MEDICAL CENTER, BUFFALO, NY// <RET>
STATION ADDRESS LINE 1:  495 BAILEY AVENUE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY:  BUFFALO
STATE:  NEW YORK
ZIP:  14095
STATION TELEPHONE NUMBER:  607 456-2345
APPROVING OFFICIAL FOR 7079:  JAMES P. CARTWRIGHT
TITLE OF APPROVING OFFICIAL:  CHIEF, MAS.
MEDICAID DISPENSING FEE:  5.50
MEDICAL PAYMENT VENDOR DISPLAY:  YES
PHARMACY PAYMENT VENDOR DISPLAY:  YES
DEFAULT AUTH. TIME RANGE:  365
ASK VENDOR DURING AUTH:  YES
MAX # PAYMENT LINE ITEMS:  50
EDIT AUTH. DURING PAYMENT:  NO
*ASK PROGRAM SPECIFIC AUTH:  YES
APPROVING OFFICIAL FOR 7078:  JAMES P. CARTWRIGHT
TITLE 7078 APPROVING OFFICIAL:  CHIEF, MAS.
COPIES OF 7078 TO BE PRINTED:  1
PSA DEFAULT INSTITUTION:  BUFFALO
7078 DEFAULT AUTH SERVICE TEXT:
  1>Move to VAMC as soon as possible
EDIT Option: <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES// <RET>
'INITIAL ENTRY' STATUS FOR U/C: <RET>
UNAUTHORIZED CLAIM PRINTER: <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT// <RET>
NUMBER OF COPIES: 1// <RET>
PRINT U/C ON LETTERHEAD?: <RET>
STATION NAME (EDITABLE): VAMC BUFFALO NY// <RET>
Select Site:
```

Supervisor Main Menu
Void Payment Main Menu
CH Delete Void Payment

Introduction

The CH Delete Void Payment option is used to remove a void flag from a Civil Hospital payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
Select Patient:  ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select FEE BASIS VENDOR NAME: MEDICAL CENTER           987561234   PRIVATE HOSPITAL
                    31 NOWHERE CIRCLE
                    LOWELL, MASSACHUSETTS   01852-0123
                    TEL. #: 45441477
```

```
Patient Name: ADAMS,MICHAEL                               Pt.ID 552-99-6543

VENDOR: MEDICAL CENTER
  ('*' Represents Reimbursement to Patient)
  ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92    09/04/92    DRG45      3,467.00      3,462.00              7              11
Reason:
  VENDOR RETURNED CHECK
Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-1):  1

Patient Name: ADAMS,MICHAEL                               Pt.ID 552-99-6543

VENDOR: GOOD TIME NURSING HOME
  ('*' Represents Reimbursement to Patient)
  ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
*09/01/92      09/04/92    DRG45      3,467.00      3,462.00              7              11

Are you sure you want to Cancel the void on the payment(s)? No//  Y
Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
... Done
```

Supervisor Main Menu
Void Payment Main Menu
CH Void Payment

Introduction

This option is used to void a Civil Hospital payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

Select FEE BASIS PATIENT NAME: AGOSTINO,DOMENICK          01-06-13      00801065
SC VETERAN
Select FEE BASIS VENDOR NAME: BASIC GENERAL HOSPITAL      7463254956  NON-VA
HOSPITAL
      1 SIMPLE WAY
      JACKSON, VT  02131      TEL. #:  802-431-2847

Patient Name: AGOSTINO,DOMENICK                      Pt.ID 008-01-0645

  VENDOR: BASIC GENERAL HOSPITAL
    ('*' Represents Reimbursement to Patient)
    ('#' Represents a Voided Payment)
    FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) 11/1/94        11/3/94      DRG1      2,500.00      2,500.00      275          170
Which payment item(s) would you like to Void ?
Enter a list or range of numbers (1-1): 1

Patient Name: AGOSTINO,DOMENICK                      Pt.ID 008-01-0645

  VENDOR: BASIC GENERAL HOSPITAL
    ('*' Represents Reimbursement to Patient)
    ('#' Represents a Voided Payment)
    FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
11/1/94          11/3/94      DRG1      2,500.00      2,500.00      275          170

Are you sure you want to Void the payment(s)? No// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for AGOSTINO,DOMENICK
You must adjust control point accordingly through IFCAP!
      .... Done.
  
```

Supervisor Main Menu
Void Payment Main Menu
CNH Delete Void Payment

Introduction

The CNH Delete Void Payment option is used to remove a void flag from a Community Nursing Home payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient:  ADAMS,MICHAEL    06-17-48    552996543    SC VETERAN

Select FEE BASIS VENDOR NAME:  GOOD TIME NURSING HOME        987561234    COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL,  MASSACHUSETTS    01852-0123
      TEL. #:  45441477
```

```
Patient Name: ADAMS,MICHAEL                Pt.ID 552-99-6543
VENDOR: GOOD TIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE    TO DATE    DRG      AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
-----
1) *09/01/92      09/04/92    DRG45      3,467.00      3,462.00      7            11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1):  1

Patient Name: ADAMS,MICHAEL                Pt.ID 552-99-6543
VENDOR: GOOD TIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE    TO DATE    DRG      AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
-----
*09/01/92      09/04/92    DRG45      3,467.00      3,462.00      7            11
Reason:
      CHECK RETURNED

Are you sure you want to Cancel the void on the payment(s)? No//  Y
      Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
... Done
```

Supervisor Main Menu
Void Payment Main Menu
CNH Void Payment

Introduction

This option is used to void a Community Nursing Home payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
Select FEE BASIS PATIENT NAME: ADAMS,MICHAEL    06-17-48    552996543    SC VETERAN
Select FEE BASIS VENDOR NAME: GOOD TIME NURSING HOME        987561234    COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS    01852-0123
      TEL. #: 45441477
```

```
Patient Name: ADAMS,MICHAEL                                Pt.ID 552-99-6543
VENDOR: GOOD TIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92      09/04/92    DRG45      3,467.00      3,462.00              7              11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1): 1

Patient Name: ADAMS,MICHAEL                                Pt.ID 552-99-6543
VENDOR: GOOD TIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
      *09/01/92      09/04/92    DRG45      3,467.00      3,462.00              7              11

Are you sure you want to Void the payment(s)? No// Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
      ... Done
```

Supervisor Main Menu
Void Payment Main Menu
Medical Delete Void Payment

Introduction

The Medical Delete Void Payment option is used to remove a void flag from a Medical payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient: ADAMS,MICHAEL    06-17-48    552996543    SC VETERAN

Select FEE BASIS VENDOR NAME: DEMETRI,JEREMY MD    111888666
DOCTOR OF MEDICINE
```

```
Patient Name: ADAMS,MICHAEL                SSN: 552996543

VENDOR: DEMETRI,JEREMY MD
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD    AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----
1)#04/01/90  90050    $ 25.00    $ 25.00          1126    963    07/06/90

Which payment item(s) would you like to Cancel the void on?
Enter a list or range of numbers (1-1):  1

Patient Name: ADAMS,MICHAEL                SSN: 552996543

VENDOR: DEMETRI,JEREMY MD
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD    AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----
04/01/90      90050      25.00      25.00          1126    963    07/06/90

Are you sure you want to Cancel the void on the payment(s)? No//  Y
      Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
... Done
```

Supervisor Main Menu
Void Payment Main Menu
Medical Void Payment

Introduction

The Medical Void Payment option is used to void a payment that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
Select Patient:  ADAMS,MICHAEL    06-17-48    552996543    SC VETERAN
Select FEE BASIS VENDOR NAME:  DEMETRI,JEREMY MD    111888666
DOCTOR OF MEDICINE
```

```
Patient Name: ADAMS,MICHAEL          SSN:  552996543

VENDOR: DEMETRI,JEREMY MD
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----
1) 04/01/90  90050    $ 25.00    $ 25.00          1126    963    07/06/90
2) 03/10/90  90050    $ 25.00    $ 25.00          1125    963    07/06/90
Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-2):  1

Patient Name: ADAMS,MICHAEL          SSN:  552996543

VENDOR: DEMETRI,JEREMY MD
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----
04/01/90    90050    25.00    25.00          1126    963    07/06/90

Are you sure you want to Void the payment(s)? No//  Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
... Done
```


Supervisor Main Menu
Void Payment Main Menu
Pharmacy Delete Void Payment

Introduction

The Pharmacy Delete Void Payment option is used to remove a void flag from a Pharmacy payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Invoice number: 15

Select Prescription # :      55535

PRESCRIPTION NUMBER: 55535          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00                PATIENT: SMITH,FRED X
RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED        GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                      QUANTITY: 03
PHARMACIST: MARTIN,MICHAEL          DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00                   BATCH NUMBER: 27
OBLIGATION NUMBER: C93004            DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR            SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED           MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY      AUTHORIZATION POINTER: 1

Is this the prescription you want to Cancel the void on ? NO// Y YES
      Cancel Voided payment for SMITH,FRED X
You must adjust control point accordingly through IFCAP!
... Done.
```

Supervisor Main Menu
Void Payment Main Menu
Pharmacy Void Payment

Introduction

The Pharmacy Void Payment option is used to void a payment to a pharmacy vendor that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
Select Invoice number: 15

Select Prescription # : 55535

PRESCRIPTION NUMBER: 55535          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00                PATIENT: SMITH,FRED X
RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED         GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                      QUANTITY: 03
PHARMACIST: MARTIN,MICHAEL          DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00                   BATCH NUMBER: 27
OBLIGATION NUMBER: C93004            DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR            SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED           MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY     AUTHORIZATION POINTER: 1

Is this the prescription you want to Void? NO// Y YES
REASON FOR VOIDED PAYMENT: PATIENT'S PRESCRIPTION CHANGED
      Void payment for SMITH,FRED X
You must adjust control point accordingly through IFCAP!
... Done.
```

Terminate ID Card



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through this option.

Introduction

The Terminate ID Card option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select PATIENT NAME: 4877  BACON,JOSEPH      12-12-14    106104877    SC VETERAN

BACON,JOSEPH                                Pt.ID: 106-10-4877
2344 HELP ST.                               DOB: 12/12/14
RED CROSS CITY                             TEL: Not on File
OKLAHOMA 11235                             CLAIM #: Not on File
                                           COUNTY: POTTAWATOMIE

Primary Elig. Code: SC LESS THAN 50%  --  PENDING VERIFICATION
Other Elig. Code(s): AID & ATTENDANCE
                      NSC, VA PENSION
                      HUMANITARIAN EMERGENCY
                      HOUSEBOUND

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: YES
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
BLUE CROSS BLUE   282828282      12345      SELF    4/1/93    3/31/95
AETNA              29292277777    0987594    OTHER   1/1/94    12/31/94
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

Terminate ID Card

Example, cont.

Fee ID Card #:	1346464	Fee Card Issue Date:	06/17/93
Patient Name:	BACON,JOSEPH	Pt.ID:	106-10-4877
AUTHORIZATIONS:			
(1) FR:	04/16/94	VENDOR:	Not Specified
	TO:	04/19/94	
		Authorization Type:	Outpatient - ID Card
		Purpose of Visit:	OPT - SC LESS THAN 50%
		DX:	DEPRESSION
			PTSD
		County:	POTTAWATOMIE
		PSA:	MUSKOGEE, OK
(2) FR:	07/01/93	VENDOR:	ANOTHER TEST - 8759760657
	TO:	06/30/96	
		Authorization Type:	Outpatient - Short Term
		Purpose of Visit:	COMPENSATION AND PENSION EXAM
		DX:	PTSD
		County:	POTTAWATOMIE
		PSA:	NORTHAMPTON, MA
Fee ID Card #: 1346464			
Are you sure you want to terminate this ID Card? No// YES			
TERMINATION REASON: PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN. NEW CARD ISSUED.			

Vendor Menu

Display, Enter, Edit Demographics



Version 3.5 Changes:

The MEDICARE ID NUMBER: prompt now appears after the PRICER EXEMPT: prompt for Civil Hospital vendors.



Patch FB*3.5*9 Changes: New prompts:

BUSINESS TYPE (FPDS): Business type for FPDS reporting purposes.

Select SOCIOECONOMIC GROUP (FPDS): Socioeconomic group for FPDS reporting purposes. More than one value can be entered at this prompt.



FBAE ESTABLISH VENDOR - required to enter a new vendor into the system or edit existing vendor data. It is not possible to delete a vendor from the FEE BASIS VENDOR file (#161.2).

Introduction

The Display, Enter, Edit Demographics option is used to display vendor demographics, enter a new vendor into the system or edit data on an existing vendor.

A vendor is any provider of care. Doctors, hospitals, clinics, pharmacies, nurses and physical therapists are typical vendors. The vendor must be entered into the system before any Fee Basis payments can be made.

The Fee Basis Vendor ID Number is usually the individual's social security number or the clinic's or hospital's tax ID number. A group of physicians may be in the system under one ID number if they are incorporated (i.e. Dermatology Assocs., P.C. or Capital District Urologists, P.C.). A pharmacy chain may have all their stores entered with the same ID number and then have the individual stores identified by up to a 4-digit chain store number.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Vendor Menu

Display, Enter, Edit Demographics

Example

```
Select FEE BASIS VENDOR NAME: CAPITAL DISTRICT PSYCHIATRIC CENTER
Are you adding 'CAPITAL DISTRICT PSYCHIATRIC CENTER' as
a new FEE BASIS VENDOR (the 1322ND)? No// Y (Yes)
FEE BASIS VENDOR ID NUMBER: 123456789
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
FEE BASIS VENDOR PART CODE: 6 NON-VA HOSPITAL 06
FEE BASIS VENDOR CHAIN: <RET>
NAME: CAPITAL DISTRICT PSYCHIATRIC CENTER Replace <RET>
ID NUMBER: 123-45-6789// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): L LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS): LV VETERAN-OWNED LARGE BUSINESS
Are you adding 'LV' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No// Y
(Yes)
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: NON-VA HOSPITAL// <RET>
STREET ADDRESS: 123 SECOND ST
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER 083
PHONE NUMBER: 518-271-1234
FAX NUMBER: 518-271-1200
PRICER EXEMPT: Y (YES)
MEDICARE ID NUMBER: 191817
```

```
*** VENDOR DEMOGRAPHICS ***
==> AWAITING AUSTIN APPROVAL <==

Name: CAPITAL DISTRICT PSYCHIATRIC C ID Number: 123456789
Address: 123 SECOND ST Specialty:
City: TROY Type: OTHER
State: NEW YORK Participation Code: NON-VA HOSPITAL
ZIP: 12180 Medicare ID Number: 191817
County: RENSSELAER Chain:
Phone: 518-271-1234
Fax: 518-271-12000 Pricer Exempt: Yes
Type (FPDS): LARGE BUSINESS Group (FPDS): VETERAN-OWNED LARGE B
Austin Name:
Last Change Last Change
TO Austin: FROM Austin:
```

Vendor Menu
Display, Enter, Edit Demographics

Example, cont.

Want to edit data? No// <RET>

Select FEE BASIS VENDOR NAME:

Vendor Menu

FPDS-Only Vendor Edit



Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The FPDS-Only Vendor Edit option can only be used to edit existing vendors. Just two data fields can be changed. This new option is intended to give sites an easy way to enter the socio-economic data obtained from the mass mailing or from contacting an existing vendor.

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status or Awaiting Austin Approval. This option can not be used to modify the socio-economic data for a vendor that is flagged "Vendor in Delete Status" or "Awaiting Austin Approval". Use the Display,Enter,Edit Demographics option to edit such a vendor.

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Example

```
Select FEE BASIS VENDOR NAME: ALGER,J W      444444002AA  ALL OTHER INDIV
      338 MAIN ST
      PO BOX 568
      KEENE, NH  03431

BUSINESS TYPE (FPDS): S  SMALL BUSINESS
Select SOCIOECONOMIC GROUP (FPDS): N          SM DISADVANTAGED BUS
Are you adding 'N' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this FEE
B
ASIS VENDOR)? No// Y
      (Yes)
Select SOCIOECONOMIC GROUP (FPDS): <RET>

Select FEE BASIS VENDOR NAME:
```


Vendor Menu

List Vendors Without FPDS Data



Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The List Vendors Without FPDS Data option is used to generate a list of vendors that don't have a value in the BUSINESS TYPE (FPDS) field. This option can be used to identify vendors who may need to be contacted to obtain their socio-economic characteristics.

EXAMPLE

```
Only check FPDS data for active vendors? YES// <RET>
Consider vendor active when activity since: Jan 01, 1998// <RET>
Print detailed vendor demographic data? NO// <RET>
```

```
DEVICE: HOME// <RET> UCX/TELNET    Right Margin: 80//
.
```

```
FEE BASIS VENDOR'S WITH BLANK FPDS DATA      Jun 29, 1999@13:39:55  page 1
of those with activity since Jan 01, 1998
=====
ACUTE CARE SPECIALISTS INC                     ID: 341339182
ATLANTIC CARDIOLOGY                           ID: 020444574
GOOD TIME NURSING HOME INC                     ID: 141509755a
PHARMACY REMIT VENDOR 2                       ID: 111000000

TOTAL NUMBER OF VENDORS MISSING FPDS DATA: 4
```

Vendor Menu

Payment Display for Patient



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Display for Patient option is used to view the payment record of a patient with a specific vendor. The display also designates payments reimbursed to the patient, cancellation activity, and voided payments.

This option displays medical batch payments only. It does not display Travel or Pharmacy payment records.

Example

Select Patient: **DAY,DENNIS**

Select FEE BASIS VENDOR NAME: **DOOLY MEDICAL CENTER** 777999098 NON-VA
HOSPITAL
123 FIRST ST
TROY, NY 12190

Patient Name: DAY,DENNIS

SSN: 409129012

VENDOR: DOOLY MEDICAL CENTER

123 FIRST ST

TROY, NY 12190

('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)

SVC	DATE	CPT-MODIFIER	AMT CLAIMED	AMT PAID	CODE	INVOICE #	BATCH #
-----	------	--------------	-------------	----------	------	-----------	---------

+	09/05/94	12018	\$ 5.00	\$ 5.00	556	369	
---	----------	-------	---------	---------	-----	-----	--

>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<<
Check WILL be re-issued.

+	09/02/94	99243-77	\$ 11.00	\$ 10.00 D	555	369	
---	----------	----------	----------	------------	-----	-----	--

>>>Check # 11887576 Date Paid: 10/20/94<<<

>>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<

	09/02/94	10020	\$ 15.00	\$ 5.00 1	555	369	
--	----------	-------	----------	-----------	-----	-----	--

>>>Check # 37776200 Date Paid: 10/3/94<<<

Select FEE BASIS VENDOR NAME:

Vendor Menu**Payment Look-up for Medical Vendor**

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical vendor for a specified time frame.

Example

```
Select Medical Vendor:  ALBIN KLEIN MD          120376584  DOCTOR OF OSTEO
                        31 NOWHERE CIRCLE
                        LOWELL, MA  01852-0123    TEL. #:  45441477
```

```
**** Date Range Selection ****
```

```
Beginning DATE : 6/1  (JUN 01, 1994)
```

```
Ending    DATE : 6/30  (JUN 30, 1994)
```

```
DEVICE: HOME// <RET>  Decnet    RIGHT MARGIN: 80// <RET>
```

```
** VENDOR LOOK-UP **
```

```
Vendor:  ALBIN KLEIN MD
```

```
('*' Reimb. to Patient '+' Cancel. Activity)
```

```
PATIENT ('#' Voided Payment)
```

```
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID  CODE INVOICE # BATCH #  DATE PAID
```

```
SMITH,DENNIS
```

```
06/07/94  12018    $   35.00  $   32.00  1   230          145    06/29/94
```

```
>>>Check # 37776200 Date Paid:  6/29/94<<<
```

```
06/07/94  99243-77 $   52.00  $   40.00  1   230          145    06/29/94
```

```
>>>Check # 37776200 Date Paid:  6/29/94<<<
```

```
06/28/94  10020    $   42.00  $   42.00    206          234    NOT PAID
```

```
Select Medical Vendor:
```

Vendor Menu

Pharmacy Vendor Payment Look-Up



Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment history for a pharmacy vendor for a specified time frame.

Example

```
Select Pharmacy Vendor:  BECK PHARMACY      886699554      PHARMACY

**** Date Range Selection ****

Beginning DATE:  5/1/94  (MAY 01, 1994)

Ending  DATE:   T  (JUL 13, 1994)

DEVICE:  HOME//  <RET>  RIGHT MARGIN: 80//  <RET>
```

```

** PHARMACY VENDOR LOOK-UP **

Vendor:  BECK PHARMACY                      ID#: 886699554      Chain #:

          ('*' Reimbursement to Patient      '+' Cancellation Activity)
          ('#' Voided Payment)

Patient                                     SSN
Fill Date      Drug Name                    Strength      Quantity
Claimed        Paid   Code Invoice #  Batch #      Date Finalized
=====
ADAMS, MICHAEL                                     552996543

06/07/94
Rx: 6700          DEMEROL                    2MG              10
 16.00      7.56   1    1172          974          07/12/94

06/01/94
Rx: 5603          MOTRIN                    2MG              10
 25.00     25.00    1172          974          07/12/94

```

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran



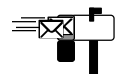
Version 3.5 Changes: New Option



Patch FB*3.5*4 Changes: An ampersand '&' is displayed after the CPT modifier when there are additional modifiers. The additional modifiers can be seen with the LC (Lookup CPT/Modifier) or ID (Invoice Display) or EV (Expand View) actions for the selected payment.



FBAE ESTABLISH VENDOR - required to edit existing vendors when using the DISPLAY VENDOR action in this option.



When viewing outpatient payments through the DISPLAY AUTH/7078/583 action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through the DISPLAY AUTH/7078/583 action in this option.

Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example

Select FEE BASIS VENDOR: **DOOLY MEDICAL CENTER** 777999098 NON-VA HOSPITAL
TROY, NY 12190

Payments for veteran: **DEETS,DENNIS**

PAYMENT HISTORY			Nov 18, 1994 13:43:19			Page: 1 of 2	
VENDOR: DOOLY MEDICAL CENTER			Patient Name: DEETS,DENNIS				
ID: 777999098			SSN: 409-12-9012				
'*' Reimb. to Patient			+' Cancel. Activity		#' Voided Payment		
SERVICE DATES		SERVICE	AMT CL	AMT PD	CODE	INV	BATCH
1+	09/05/94	CPT: 12018	5.00	5.00		556	369
>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<< Check WILL be re-issued.							
2+	09/02/94	CPT: 99243-77	11.00	2.00 D		555	369
>>>Check # 11887576 Date Paid: 10/20/94<<< >>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<							
3	09/02/94	CPT: 10020	15.00	5.00 1		555	369
>>>Check # 91060810 Date Paid: 10/3/94<<<							
4	09/02/94	CPT: 10000	10.00	10.00		555	369
>>>Check # 37776200 Date Paid: 10/3/94<<<							
5	08/30/94 - 09/17/94		100.23	100.00		554	368
6	05/01/94	CPT: 90010-76	20.00	20.00		566	377
+ Enter ?? for more actions							
BS	BATCH STATUS		EV	EXPAND VIEW		DV	DISPLAY VENDOR
LB	LIST BATCH		CP	CHANGE PATIENT		DC	DISPLAY CHECK
ID	INVOICE DISPLAY		CV	CHANGE VENDOR			
LC	LOOKUP CPT/MODIFIER		DA	DISPLAY AUTH/7078/583			
Select Action:Next Screen// + +							

PAYMENT HISTORY			Nov 18, 1994 13:44:27			Page: 2 of 2	
VENDOR: DOOLY MEDICAL CENTER			Patient Name: DEETS,DENNIS				
ID: 777999098			SSN: 409-12-9012				
'*' Reimb. to Patient			+' Cancel. Activity		#' Voided Payment		
+	SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE	INV	BATCH
7	08/30/94 - 09/17/94		1.00	1.00		559	368
Enter ?? for more actions							
BS	BATCH STATUS	EV	EXPAND VIEW	DV	DISPLAY VENDOR		
LB	LIST BATCH	CP	CHANGE PATIENT	DC	DISPLAY CHECK		
ID	INVOICE DISPLAY	CV	CHANGE VENDOR				
LC	LOOKUP CPT/MODIFIER	DA	DISPLAY AUTH/7078/583				
Select Action:Quit// BS=7							

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example, cont.

Fee ID Card #: 56556	Fee Card Issue Date: 05/19/90
Patient Name: DEETS,DENNIS	Pt.ID: 409-12-9012
AUTHORIZATIONS:	
(1) FR: 05/19/93	VENDOR: Not Specified
TO: 05/19/94	
Authorization Type: Outpatient - ID Card	
Purpose of Visit: OPT - SC 50% OR MORE	
DX: SICK	
County: SCHENECTADY	PSA: Unknown
Press 'ENTER' to return to list: <RET>	

PAYMENT HISTORY			Nov 18, 1994 13:43:19			Page: 1 of 2	
VENDOR: DOOLY MEDICAL CENTER			Patient Name: DEETS,DENNIS				
ID: 777999098			SSN: 409-12-9012				
'*' Reimb. to Patient			'+' Cancel. Activity		'#' Voided Payment		
SERVICE DATES		SERVICE	AMT CL	AMT PD	CODE	INV BATCH	
1+	09/05/94	CPT: 12018	5.00	5.00		556 369	
>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<<							
Check WILL be re-issued.							
2+	09/02/94	CPT: 99243-77	11.00	2.00 D		555 369	
>>>Check # 11887576 Date Paid: 10/20/94<<<							
>>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<							
3	09/02/94	CPT: 10020	15.00	5.00 1		555 369	
>>>Check # 91060810 Date Paid: 10/3/94<<<							
4	09/02/94	CPT: 10000	10.00	10.00		555 369	
>>>Check # 37776200 Date Paid: 10/3/94<<<							
5	08/30/94 - 09/17/94		100.23	100.00		554 368	
6	05/01/94	CPT: 90010-76	20.00	20.00		566 377	
+ Enter ?? for more actions							
BS	BATCH STATUS		EV	EXPAND VIEW		DV DISPLAY VENDOR	
LB	LIST BATCH		CP	CHANGE PATIENT		DC DISPLAY CHECK	
ID	INVOICE DISPLAY		CV	CHANGE VENDOR			
LC	LOOKUP CPT/MODIFIER		DA	DISPLAY AUTH/7078/583			
Select Action:Next Screen//QUIT							

Telephone Inquiry Menu Vendor Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Basis Vendor: SAMARITAN HOSPITAL      987561234  SAMARITAN HOSPITAL
                        31 BURDETT AVENUE
                        TROY, NEW YORK 12180-0123
                        TEL. #: 518-272-2000

**** Date Range Selection ****

Beginning DATE : 6/24  (JUN 24, 1993)

Ending      DATE : 6/24  (JUN 24, 1993)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```


Telephone Inquiry Menu

Vendor Payments Output

Example, cont.

VENDOR PAYMENT HISTORY							
=====							
Vendor: DOCTOR				Vendor ID: 000000001		Page: 1	
FEE PROGRAM: OUTPATIENT							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT Code	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Patient: BACON,JOSEPH				Patient ID: 106-10-4877			
07/09/93	90050(C&P)	25.00	25.00F		00037		43
Primary Dx: NEUROTIC DEPRESSION				S/C Condition? -	Obl.#: C89211		
07/07/93	90050(C&P)	25.00	25.00F		00037		43
Primary Dx: NEUROTIC DEPRESSION				S/C Condition? -	Obl.#: C89211		

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Telephone Inquiry Menu

Veteran Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output

Select Fee Basis Patient: SMITH,FRED          12-25-45      330569812      SC
VETERAN

**** Date Range Selection ****

Beginning DATE : 062493  (JUN 24, 1993)

Ending DATE : 062493  (JUN 24, 1993)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Telephone Inquiry Menu Veteran Payments Output

Example, cont.

VETERAN PAYMENT HISTORY									
=====									
Patient: BACON,JOSEPH					Patient ID: 106-10-4877				
FEE PROGRAM: OUTPATIENT									
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)									
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)									
Svc Date	CPT Code	Amount	Amount	Susp	Batch	Invoice	Voucher		
		Claimed	Paid	Code	Num	Num	Date		
=====									
Vendor: DOCTOR					Vendor ID: 000000001				
07/09/93	90050(C&P)	25.00	25.00F		00037		43		
Primary Dx: NEUROTIC DEPRESSION					S/C Condition? - Obl.#: C89211				
07/07/93	90050(C&P)	25.00	25.00F		00037		43		
Primary Dx: NEUROTIC DEPRESSION					S/C Condition? - Obl.#: C89211				
07/05/93	90050(C&P)	25.00	25.00F		00037		43		
Primary Dx: NEUROTIC DEPRESSION					S/C Condition? - Obl.#: C89211				

Payments for Unauthorized Claims



Version 3.5 Changes: New Prompts

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

The following new prompts might appear depending on the fee program.

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.



Patch FB*3.5*4 Changes: New and Modified Prompts:

The following new and modified prompts may appear depending on the fee program.

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.


SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.

Is this line item for a contracted service? – This existing prompt has been moved up so it will be asked before the fee schedule calculation takes place. The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

 **FBAE ESTABLISH VENDOR** - required to edit established vendors.

Introduction

The Payments for Unauthorized Claims option should be used to enter payments for unauthorized claims which have been dispositioned to APPROVED or APPROVED TO STABILIZATION.

Payment may be made to either a patient or a vendor; however, only the vendor pertaining to the submitted claim may be paid. You cannot add a new vendor through this option. An open batch for the applicable Fee Basis program must exist for the unauthorized claim selected. Further processing of the payment should follow the payment menu options for the applicable Fee Basis program. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen, the claims will be presented for payment in the same sequence in which they were selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis program. The following chart is provided indicating which option documentation to refer to for further examples of payment entry.

Payments for Unauthorized Claims

Introduction, cont.

Fee Program

Refer To

Civil Hospital

Ancillary Contract Hosp/CNH Payment
(for ancillary payments)

or

Enter Invoice/Payment

Outpatient

Enter Payment option

Pharmacy

Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

Example

```

Select one of the following:
    1      PATIENT
    2      VENDOR

Select to whom payment should be made: 2  VENDOR
Select VETERAN: DAY,DENNIS      07-21-50      409129012      NSC VETERAN
Select FEE VENDOR: CVS          345658976  CHAIN #: 101  PHARMACY
                        123 MAIN AVE      (Awaiting Austin Approval)
                        TROY, NY  12180    TEL. #: 518-272-0987

Select from the following:

1      DAY,DENNIS CVS          PHARMACY          12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
2      CVS          PHARMACY      12/12/94      DISPOSITIONED      <12/12/94>
3      DAY,DENNIS CVS          CIVIL HOSPIT      12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
4      DAY,DENNIS CVS          CIVIL HOSPIT      12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94

Enter selection: (1-4): 1
Press RETURN to continue or '^' to exit: <RET>

```

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Outputs for Unauthorized Claims Vendor Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Basis Vendor: SAMARITAN HOSPITAL          987561234  SAMARITAN
HOSPITAL
                        31 BURDETT AVENUE
                        TROY, NEW YORK 12180-0123
                        TEL. #: 518-272-2000

**** Date Range Selection ****

Beginning DATE : 6/24  (JUN 24, 1993)

Ending      DATE : 6/24  (JUN 24, 1993)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Outputs for Unauthorized Claims

Vendor Payments Output

Example, cont.

VENDOR PAYMENT HISTORY							
=====							
Vendor: DOCTOR				Vendor ID: 000000001		Page: 1	
FEE PROGRAM: OUTPATIENT							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT-MOD	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Patient: BACON,JOSEPH				Patient ID: 106-10-4877			
07/09/93	90050(C&P)	25.00	25.00F		00037		43
Primary Dx: NEUROTIC DEPRESSION				S/C Condition? -		Obl.#: C89211	
07/07/93	90050(C&P)	25.00	25.00F		00037		43
Primary Dx: NEUROTIC DEPRESSION				S/C Condition? -		Obl.#: C89211	

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Outputs for Unauthorized Claims

Veteran Payments Output



Version 3.5 Changes:

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).



Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output

Select Fee Basis Patient: SMITH,FRED          12-25-45      330569812      SC
VETERAN

**** Date Range Selection ****

Beginning DATE : 062493  (JUN 24, 1993)

Ending    DATE : 062493  (JUN 24, 1993)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)
```

Outputs for Unauthorized Claims Veterans Payment Output

Example, cont.

VETERAN PAYMENT HISTORY							
=====							
Patient: BACON,JOSEPH				Patient ID: 106-10-4877		Page: 1	
FEE PROGRAM: OUTPATIENT							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 th percentile 'C' contract 'U' U&C)							
Svc Date	CPT-MOD	Amount	Amount	Susp	Batch	Invoice	Voucher
		Claimed	Paid	Code	Num	Num	Date
=====							
Vendor: DOCTOR				Vendor ID: 000000001			
07/09/93	90050(C&P)	25.00	25.00F		00037		43
	Primary Dx: NEUROTIC DEPRESSION		S/C Condition? -			Obl.#: C89211	
07/07/93	90050(C&P)	25.00	25.00F		00037		43
	Primary Dx: NEUROTIC DEPRESSION		S/C Condition? -			Obl.#: C89211	
07/05/93	90050(C&P)	25.00	25.00F		00037		43
	Primary Dx: NEUROTIC DEPRESSION		S/C Condition? -			Obl.#: C89211	

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Display Unauthorized Claim

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
Select unauthorized claim: P.WILSON,MORGAN    06-02-34    554678221    SC VETERAN

1  WILSON,MORGAN  MEMORIAL HOSPITAL  CIVIL HOSPIT  09/01/92    APPROVED TO STABILIZA
   TREATMENT FROM: 09/01/92    TREATMENT TO: 09/03/92

2  WILSON,MORGAN  MEMORIAL HOSPITAL  CIVIL HOSPIT  06/04/93    DISPOSITIONED
   TREATMENT FROM: 06/04/93    TREATMENT TO: 06/24/93

Select the claim which you would like to display: (1-2): 1

DATE CLAIM RECEIVED: SEP  1, 1992          FEE PROGRAM: CIVIL HOSPITAL
VETERAN: WILSON,MORGAN                     VENDOR: MEMORIAL HOSPITAL
TREATMENT FROM DATE: SEP  1, 1992          TREATMENT TO DATE: SEP  3, 1992
PRIMARY SERVICE FACILITY: ALBANY VAMC
DATE VALID CLAIM RECEIVED: SEP  1, 1992
AMOUNT CLAIMED: 15000                      PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED TO STABILIZATION
DATE OF DISPOSITION: SEP  3, 1992          AUTHORIZED FROM DATE: SEP  1, 1992
AUTHORIZED TO DATE: SEP  3, 1992          ENTERED BY: MARTIN,MICHAEL
DATE ENTERED: SEP  1, 1992                 DATE LETTER SENT: SEP 23, 1992
MASTER CLAIM: SEP  1, 1992                REOPEN CLAIM DATE: SEP  2, 1992
DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
CLAIM SUBMITTED BY: MEMORIAL HOSPI        STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: SEP  3, 1992      EXPIRATION DATE OF CLAIM: SEP 24, 1993
DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (c): DISCHARGE
```

```
< PENDING INFORMATION >

1  MEDICAL RECORDS NEEDED

Press RETURN to continue or '^' to exit: <RET>

< ASSOCIATED CLAIMS >

1  WILSON,MORGAN  DEMETRI,JEREMY MD    OUTPATIENT  09/01/92  DISPOSITIONED
   TREATMENT FROM: 09/01/92    TREATMENT TO: 09/03/92    PRIMARY CLAIM: 09/01/92
```

Utilities for Unauthorized Claims

Vendor Enter/Edit



Version 3.5 Changes:

FAX NUMBER:

MEDICARE ID NUMBER:



Patch FB*3.5*9 Changes: New Prompts:

BUSINESS TYPE (FPDS): Business type for FPDS reporting purposes.

Select SOCIOECONOMIC GROUP (FPDS): Socioeconomic group for FPDS reporting purposes. More than one value can be entered at this prompt.



FBAE ESTABLISH VENDOR - required to enter a new or edit an existing vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

WARNING: If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Example

```
Select FEE BASIS VENDOR NAME: SHADES OF GRAY NURSING HOME
Are you adding 'SHADES OF GRAY NURSING HOME' as
a new FEE BASIS VENDOR (the 1321ST)? No// Y (Yes)
FEE BASIS VENDOR ID NUMBER: 977788666
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
FEE BASIS VENDOR PART CODE: 5 COMMUNITY NURSING HOME 05
FEE BASIS VENDOR CHAIN: <RET>
NAME: SHADES OF GRAY NURSING HOME Replace <RET>
ID NUMBER: 977-78-8666// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): L LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS): LW WOMAN-OWNED LARGE BUSINESS
Are you adding 'LW' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No// Y
(Yes)
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER 083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 2/1 (FEB 01, 1999)
Select FEE BASIS CNH CONTRACT NUMBER: <RET>
```

Utilities for Unauthorized Claims Vendor Enter/Edit

Example, cont.

```
***  VENDOR DEMOGRAPHICS  ***
==> AWAITING AUSTIN APPROVAL <==

      Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
      Address: 222 BLOOMING GROVE DR          Specialty:
      City:    TROY                          Type: OTHER
      State:   NEW YORK                      Participation Code: COMMUNITY NURSING
HOM
      ZIP:     12180                          Medicare ID Number: 777555
      County:  RENSSELAER                     Chain:
      Phone:   518-555-1234
      Fax:     518-555-1200
      Type (FPDS): LARGE BUSINESS              Group (FPDS): WOMAN-OWNED LARGE
BUS
      Austin Name:
      Last Change
      TO Austin:
      Last Change
      FROM Austin:
Enter RETURN to continue or '^' to exit: <RET>
```

```
Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
      >>> CNH INFORMATION <<<

      Total Beds: 100                      Inspected/Accredited: Inspect. & Accred.

Want to edit data? No// <RET> NO

Select FEE BASIS VENDOR NAME:
```

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Utilities for Unauthorized Claims

Add New Person for Unauthorized Claim

 XUSPF200 - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

Example

```
Enter NEW PERSON's name (LAST,FIRST MI): KAGAN,PETER S
  ARE YOU ADDING 'KAGAN,PETER S' AS A NEW NEW PERSON (THE 1884TH)? Y  (YES)
Checking SOUNDEX for matches.
  KAGAN,JOSEPH
  KAGAN,STEPHEN
Do you still want to add this entry: NO// Y
Now for the Identifiers.
INITIAL: PSJ
SSN: 888777999
SEX: M  MALE
STREET ADDRESS 1: 123 MAIN ST
STREET ADDRESS 2: <RET>
STREET ADDRESS 3: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
SSN: 888777999// <RET>
```

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